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U.S.G.S.	
LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease	
State <input checked="" type="checkbox"/>	Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.	

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)

OIL WELL <input type="checkbox"/>	GAS WELL <input type="checkbox"/>	OTHER- <input checked="" type="checkbox"/> Injector	7. Unit Agreement Name Eunice Monument South Unit
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Name of Operator Chevron U.S.A. Inc.	8. Farm or Lease Name
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Address of Operator P.O. Box 670 Hobbs, NM 88240	9. Well No. 281
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Location of Well UNIT LETTER <u>D</u> <u>660</u> FEET FROM THE <u>North</u> LINE AND <u>660</u> FEET FROM <u>West</u> LINE, SECTION <u>9</u> TOWNSHIP <u>21S</u> RANGE <u>36E</u> NMPM.	10. Field and Pool, or Wildcat Eunice Monument G/SA
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15. Elevation (Show whether DF, RT, GR, etc.) 3571' GL	12. County Lea
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Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

FORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PORABLY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
OR ALTER CASING <input type="checkbox"/>	OTHER <input checked="" type="checkbox"/> Converted to injector	CASING TEST AND CEMENT JOBS <input type="checkbox"/>	

Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

Cleaned out well to TD @ 3894'. Logged well. Perforated 3661-3752 (32 holes). Acidized with 4000 gallons 15% NEFE HCL. Equiped for injection with 2 3/8 IPC tubing and packer set @ 3577'. Tested casing and packer to 600 psi for 30 minutes (OK). Well is closed in pending completion of injection facilities. Work performed 8/24/86-8/27/86.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

TITLE <u>Division Drilling Manager</u>	DATE <u>9-23-1986</u>
ORIGINAL SIGNED BY <u>Richard C. H.</u>	DATE <u>SEP 25 1986</u>
DISTRICT SUPERVISOR	