Form 3160-5
(November 1983)
(Formerly 9-331)

N. M. OIL CONS. COMMISSION
P. O. BOX 1980
HOBBS, NEW MEXICO 88240

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE* (Other instructions on reverse side)

Form approved.
Budget Bureau No. 1004-013
Expires August 31, 1985

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—" for such proposals.)

1. OIL WELL [X] GAS WELL [ ] OTHER

5. LEASE DESIGNATION AND SERIAL NO.: LC-032099-B

6. IF INDIAN, ALLOTTEE OR TRIBE NAME:

7. UNIT AGREEMENT NAME: Eunice Monument South Unit A

2. NAME OF OPERATOR: Chevron U.S.A. Inc.

8. FARM OR LEASE NAME: Eunice Monument South Unit A

3. ADDRESS OF OPERATOR: P.O. Box 670, Hobbs, New Mexico 88240

9. WELL NO.: 353

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface: Unit A, 330' from the North, 990' from the East

10. FIELD AND POOL, OR WILDCAT: Eunice Monument G-SA

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA: Sec. 14-T21S-R36E

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

12. COUNTY OR PARISH: Lea

13. STATE: NM

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
TEST WATER SHUT-OFF	[ ]	PULL OR ALTER CASING	[ ]	WATER SHUT-OFF	[ ]	REPAIRING WELL	[ ]
FRACTURE TREAT	[ ]	MULTIPLE COMPLETE	[ ]	FRACTURE TREATMENT	[ ]	ALTERING CASING	[ ]
SHOOT OR ACIDIZE	[ ]	ABANDON*	[ ]	SHOOTING OR ACIDIZING	[ ]	ABANDONMENT*	[ ]
REPAIR WELL	[ ]	CHANGE PLANS	[ ]	(Other) Polymer Squeeze			[X]
(Other)				(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)			

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

10-24-89 RIH w/4 1/4" OH PIP PKR, Set @ 3824-29, Pump 75 BBLS pre polymer treatment Set BHP tool & tracer in SN @ 3817, Pump 125 BBLS & SQZ 122 BBL of 2 PPB poly acrylymide gel into form.

10-25-89 Shut in for 48 hrs.

10-29-89 RIH w/pump and rods. Turn well over to prod.

RECEIVED
NOV 2 11 33 AM '89

SJS

18. I hereby certify that the foregoing is true and correct

SIGNED M. E. Abrin TITLE Staff Drilling Engineer DATE 11-1-89

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

Form 3160-5
(November 1983)
(Formerly 9-331)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE* (Other instructions on reverse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

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—" for such proposals.)

5. LEASE DESIGNATION AND SERIAL NO.: LC-032099-B

6. IF INDIAN, ALLOTTEE OR TRIBE NAME:

1. OIL WELL [X] GAS WELL [ ] OTHER

7. UNIT AGREEMENT NAME: Eunice Monument SouthUni

2. NAME OF OPERATOR: Chevron U.S.A. Inc.

8. FARM OR LEASE NAME: Eunice Monument South Uni

3. ADDRESS OF OPERATOR: P.O. Box 670, Hobbs, New Mexico 88240

9. WELL NO.: 353

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface: Unit A, 330' from the North, 990' from the East

10. FIELD AND POOL, OR WILDCAT: Eunice Monument G-SA

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA: Sec. 14-T21S-R36E

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

12. COUNTY OR PARISH

13. STATE

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
TEST WATER SHUT-OFF	[ ]	PULL OR ALTER CASING	[ ]	WATER SHUT-OFF	[ ]	REPAIRING WELL	[ ]
FRACTURE TREAT	[ ]	MULTIPLE COMPLETE	[ ]	FRACTURE TREATMENT	[ ]	ALTERING CASING	[ ]
SHOOT OR ACIDIZE	[ ]	ABANDON*	[ ]	SHOOTING OR ACIDIZING	[ ]	ABANDONMENT*	[ ]
REPAIR WELL	[ ]	CHANGE PLANS	[X]	(Other)			
(Other) Polymer squeeze				(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)			

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

Propose to shut off Zone 6 water with polymer squeeze.

RECEIVED
OCT 5 10 57 AM '89

18. I hereby certify that the foregoing is true and correct

SIGNED M. E. Abrin TITLE Staff Drilling Engineer DATE 10/04/89

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE 10-6-89

CONDITIONS OF APPROVAL, IF ANY:

Form 3160-5
(November 1983)
(Formerly 9-331)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE* (Other instructions on reverse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

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—" for such proposals.)

1. OIL WELL [X] GAS WELL [ ] OTHER

2. NAME OF OPERATOR
Chevron U.S.A. Inc.

3. ADDRESS OF OPERATOR
P.O. Box 670, Hobbs, New Mexico 88240

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.)
At surface
Unit A, 330' FNL and 990' FEL

5. LEASE DESIGNATION AND SERIAL NO.
LC-032099B

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME
Eunice Monument South Unit

8. FARM OR LEASE NAME

9. WELL NO.
353

10. FIELD AND POOL, OR WILDCAT
Eunice Monument GB/SA

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec.14,T21S,R36E

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3581

12. COUNTY OR PARISH
Lea

13. STATE
NM

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
TEST WATER SHUT-OFF	[ ]	PULL OR ALTER CASING	[ ]	WATER SHUT-OFF	[ ]	REPAIRING WELL	[ ]
FRACTURE TREAT	[ ]	MULTIPLE COMPLETE	[ ]	FRACTURE TREATMENT	[ ]	ALTERING CASING	[ ]
SHOOT OR ACIDIZE	[ ]	ABANDON*	[ ]	SHOOTING OR ACIDIZING	[ ]	ABANDONMENT*	[ ]
REPAIR WELL	[ ]	CHANGE PLANS	[ ]	(Other) plug back zone 5			
(Other)				(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)			

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

Work performed 8-3/ 8-6-88

POH w/production equip. Found bottom at 3932'. Made four runs w/dump bailer and dump hydromite to 3850'. Fourth hyd dump filled hole to 3850'. New PBTD. GIH w/ pump equipment. Land tubing, ND BOP, NUWH, run rod and pump. Off report 8/6/88.

RECEIVED
SEP 22 11 53 AM '88

18. I hereby certify that the foregoing is true and correct

SIGNED L. K. Elsner for M. E. Akin TITLE Staff Drilling Engr. DATE 9-21-88

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD
SEP 27 1988
SJS

*See Instructions on Reverse Side

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

Form 3160-5
(Novemoer 1983)
(Formerly 9-331)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE* (Other instructions on reverse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

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—" for such proposals.)

5. LEASE DESIGNATION AND SERIAL NO.: LC-032099B

6. IF INDIAN, ALLOTTEE OR TRIBE NAME:

1. OIL WELL [X] GAS WELL [ ] OTHER

7. UNIT AGREEMENT NAME: Eunice Monument South Unit

2. NAME OF OPERATOR: Chevron U.S.A. Inc.

8. FARM OR LEASE NAME:

3. ADDRESS OF OPERATOR: P.O. Box 670, Hobbs, New Mexico 88240

9. WELL NO.: 353

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface: Unit A, 330' FNL and 990' FEL

10. FIELD AND POOL, OR WILDCAT: Eunice Monument G/SA

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA: Sec14,T21S,R36E

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.): 3581

12. COUNTY OR PARISH: Lea

13. STATE: NM

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
TEST WATER SHUT-OFF	[ ]	PULL OR ALTER CASING	[ ]	WATER SHUT-OFF	[ ]	REPAIRING WELL	[ ]
FRACTURE TREAT	[ ]	MULTIPLE COMPLETE	[ ]	FRACTURE TREATMENT	[ ]	ALTERING CASING	[ ]
SHOOT OR ACIDIZE	[ ]	ABANDON*	[ ]	SHOOTING OR ACIDIZING	[ ]	ABANDONMENT*	[ ]
REPAIR WELL	[ ]	CHANGE PLANS	[ ]	(Other)			
(Other) plug back zone 5		XX		(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)			

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

TD: 3941'

It is proposed to shut off exessive water production from zone 5 by plugging back w/hydromite from 3941- 3850 (91'). Displace hydromite to bottom w/ 10#/gal BW as necessary. Confirm PBTD w/ slick line. TIH w/ production tubing. Swab test well to check FL and ensure water shut off is complete. ND BOPs, run production equipment, turn over to production.

RECEIVED
JUN 15 10 24 AM '88
CARLSBAD, NEW MEXICO

18. I hereby certify that the foregoing is true and correct

SIGNED M. E. Ahrin TITLE Staff Drilling Engineer DATE May 17, 1988

(This space for Federal or State office use)

APPROVED BY ORIG. SGD. [illegible] TITLE _____ DATE 7-19-88

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.