

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN THE MANNER
(Other Instructions on Form 3160-5)

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

5. LEASE DESIGNATION AND SERIAL NO.
LC032099 A

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.)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

Eunice Monument South Unit

8. FARM OR LEASE NAME

Eunice Monument South Unit

9. WELL NO.

415

10. FIELD AND POOL, OR WILDCAT

Eunice Monument

11. SEC., T., R., W., OR BLK. AND
SURVEY OR AREA

Sec 18 T21S R36E

12. COUNTY OR PARISH
Lea

13. STATE
NM

1. OIL WELL ☒ 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

660 FSL & 1980 FEL

14. PERMIT NO.

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

3628 DF

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETION

ABANDON*

CHANGE PLANS

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(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 Temporary Abandon to reduce unit water production.

Set 5 1/2" CIR @ 3800' sqz cmt into formation, circ. with inhibited pkr fluid.

Oct 5 11 02 AM '89
CAR-
ARE-

RECEIVED

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

SIGNED

M. E. Ahin

TITLE Staff Drlg Engr

DATE 10/4/89

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

PERMIT ENGINEER

DATE

10-6-89

*See Instructions on Reverse Side