

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 1004-0
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 ☒ 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

330'FSL & 2310'FWL Unit N

14. PERMIT NO.

15. ELEVATIONS (Show whether OF, ST, CR, etc.)

9. WELL NO.
414

10. FIELD AND POOL, OR WILDCAT
Eunice Monument GB

11. SEC. T. R. M. OR BLK. AND
SURVEY OR AREA

Sec 18, T21S, R36E

12. COUNTY OR PARISH
Lea

13. STATE
NM

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) Temporarily Abandon

PLUG OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

X

SUBSEQUENT REPORT OF:

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
proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pe-
nient to this work.)

NOTIFY BLM.

MIRU PU, NDWH AND NUBOP, RIH WITH 5 1/2" CICR TO 3740', SET CICR AND TEST
CSG TO 500#, SQZ OH 3792-3935 W/75 SX CMT, CIRC WELL WITH INHIBITED PKR
FLUID, TEST CSG TO 500 PSI, POOH AND LD TBG, CHANGE WELL STATUS TO
TEMPORARILY ABANDONED.

FURNISH BLM WITH CSG PRESS TEST CHART.

RECEIVED

FEB 22 11 02 AM '90

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

SIGNED M. E. Atkins

Staff Dirg. Engr.

1-10-90

(This space for Federal or State office use)

APPROVED BY Orig. Signed by Law Subcom

TITLE

DATE 2-23-90

CONDITIONS OF APPROVAL IF ANY: