

UNITED STATES OF AMERICA  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT  
NEW MEXICO

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

5. LEASE DESIGNATION AND SERIAL NO.  
LC031740A

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>   | 7. UNIT AGREEMENT NAME<br>Eunice Monument S Unit                        |
| 2. NAME OF OPERATOR<br>Chevron U.S.A. Inc.   | 8. FARM OR LEASE NAME   |
| 3. ADDRESS OF OPERATOR<br>P.O. Box 670, Hobbs, New Mexico 88240  | 9. WELL NO.<br>369  |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.<br>See also space 17 below.)<br>At surface<br>Unit A 660' FNL and 660' FEL | 10. FIELD AND POOL, OR WILDCAT<br>Eunice Monument C/SA                  |
| 14. PERMIT NO.   | 15. ELEVATIONS (Show whether DP, RT, CR, etc.)<br>3628'                 |
|  | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA<br>Sec. 18, T21S, R36E |
|  | 12. COUNTY OR PARISH<br>Lea   |
|  | 13. STATE<br>NM   |

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

NOTICE OF INTENTION TO:

|  |   |
|--|---|
| TEST WATER SHUT-OFF <input type="checkbox"/> | PULL OR ALTER CASING <input type="checkbox"/> |
| FRACTURE TREAT <input type="checkbox"/>      | MULTIPLE COMPLETE <input type="checkbox"/>    |
| SHOOT OR ACIDIZE <input type="checkbox"/>    | ABANDON* <input type="checkbox"/>             |
| REPAIR WELL <input type="checkbox"/>         | CHANGE PLANS <input type="checkbox"/>         |
| (Other) <input type="checkbox"/>             |   |

SUBSEQUENT REPORT OF:

|   |  |
|---|--|
| WATER SHUT-OFF <input type="checkbox"/>                                   | REPAIRING WELL <input type="checkbox"/>  |
| FRACTURE TREATMENT <input type="checkbox"/>                               | ALTERING CASING <input type="checkbox"/> |
| SHOOTING OR ACIDIZING <input type="checkbox"/>                            | ABANDONMENT* <input type="checkbox"/>    |
| (Other) <u>dpr, log, rtn to prod.</u> <input checked="" type="checkbox"/> |  |

(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: 4038' PB: 4038' Work performed 1-20-88 through 1-27-88

POOH w/ pmp equip. Change out WH to new Nationalwellhead, NU BOP's, tst to 600psi, ok. POOH, LD prod. tbq, tag 3908', break circ w/ air mist, C/O 6' fill f/3908 - 3914', Drilling 124' F3914-4038', circ clean. Log well Run caliper f/ TD to 3650', CNL f/ TD - 3000', GR/CCL f/ TD - surf. POOH LD 2 7/8" WS. Run prod. tbq, test to 3000psi, 2 7/8" L-80, 6.5# to 4026', Run pmp equip, space out pmp, RU pmp unit, load and tst pmp to 500psi, ok. RD MO PU. Turn over to production.

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

SIGNED

TITLE

Staff Drilling Engr.

DATE

Feb. 2, 1988

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

SJS

RECEIVED

FEB 29 1988

OCD  
HOBBS OFFICE