

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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <u>WIW</u>		5. LEASE DESIGNATION AND SERIAL NO. <u>LC-031740-A</u>
2. NAME OF OPERATOR <u>Chevron U.S.A. Inc.</u>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR <u>P.O. Box 670, Hobbs, New Mexico 88240</u>		7. UNIT AGREEMENT NAME <u>Eunice Monument South Unit</u>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) <u>At surface</u> <u>1980' FSL & 1980' FEL</u>		8. FARM OR LEASE NAME
14. PERMIT NO.		9. WELL NO. <u>410</u>
15. ELEVATIONS (Show whether DF, ET, GR, etc.)		10. FIELD AND POOL, OR WILDCAT <u>Eunice Monument G/SA</u>
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>18-T21S-R36E</u>
		12. COUNTY OR PARISH <u>Lea</u>
		13. STATE <u>NM</u>

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PCLL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input checked="" type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	
(Other) <input 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.)

It is proposed to P&A the well:

Set CIBP at 3860' and cap with 35' cement
Set CIBP at 3580' and cap with 35' cement
Perf 5 1/2" at 1675' and circulate cement to surface on 5 1/2 x 7-5/8" annulus
Set 50' surface plug - spot 100' plugs across 7 5/8" & 10" csg. shoes. sss
Entire hole to be displaced with 9.5#/gal abandonment mud

Subject to
Like Approval
by State

RECEIVED
NOV 27 11 27 AM '87
CARLSBAD RESOURCE
AREA HEADQUARTERS

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

SIGNED M. E. Abim

TITLE Staff Drilling Engineer

DATE 11-25-87

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE 2-5-88

*See Instructions on Reverse Side

RECEIVED
FEB 8 1966
OCD
HOBBS OFFICE