

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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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 <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Injector		5. LEASE DESIGNATION AND SERIAL NO. LC031740A	
2. NAME OF OPERATOR Chevron U.S.A. Inc.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P.O. Box 670, Hobbs, New Mexico 88240		7. UNIT AGREEMENT NAME Eunice Monument South Unit	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface Unit J, 1980 FSL and 1980 FEL		8. FARM OR LEASE NAME	
14. PERMIT NO.		9. WELL NO. 410	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3635		10. FIELD AND POOL, OR WILDCAT Eunice Monument G/SA	
		11. SEC., T., R., OR BLK. AND SURVEY OR AREA Sec. 18, T21S, R36E	
		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:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETION <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANE <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</u> <input type="checkbox"/>	<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.)*

Work Performed 11-16-87 through 11-20-87

Change out wellhead to 5 1/2" national and test to 600psi, ok. Test to 600psi f/30 min. ok. LD tools. PU blade mill, GIH and tag TOL at 3736, Break circulation, cleanout fill from 3866 to 3885. Rec. scale and cement cuttings. Circulate clean, POOH to 3680. Cleanout from 3885 to 3910. Mill on junk from 3910 to 3912. Circ. hole clean. Mill on junk 3912' to 3918'. Mill quit, circ. hole, Mill on junk from 3918 to 3921. Metal and cement in returns. Circ hole clean. Milling at 3921. Circ hole clean. ND BOP, NU TBG flange., RDMO. Off report pending new procedure to P&A Well.

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

SIGNED M. E. Abner

TITLE Staff Drilling Engr.

DATE Dec. 7, 1987

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

FOR RECORD ONLY

*See Instructions on Reverse Side