

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

Form approved.
Budget Bureau No. 1004-
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 ☐	5. LEASE DESIGNATION AND SERIAL LC-031740-B
2. NAME OF OPERATOR Chevron U.S.A. Inc.	6. IF INDIAN, ALLOTTEE OR TRIBE
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 D 660' FNL & 660' FWL	8. FARM OR LEASE NAME
14. PERMIT NO.	9. WELL NO. 372
15. ELEVATIONS (Show whether OF, RT, CR, etc.) 3646' DF	10. FIELD AND POOL, OR WILDCAT Eunice Monument G-5
	11. SEC. T. R. M. OR BLK. AND SURVEY OR AREA Sec 18, T21S, R36E
	12. COUNTY OR PARISH Lea
	13. STATE NM

18.

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 ☐

PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
ABANDON* ☐
CHANGE PLANS ☐

(Other) Temporary Abandon

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 pertinent to this work.)

NOTIFY BLM.

MIRU PU, NDWH AND NUBOP, POOH 2 7/8" TBG, RIH WITH 5 1/2" CIBP TO 3800',
SET CIBP, CIRC WELL WITH INHIBITED PKR FLUID, TEST CSG TO 250#, POOH LD
TBG, CHANGE WELL STATUS TO TEMPORARILY ABANDONED.

FURNISH BLM WITH THE CSG PRESS TEST CHART

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

SIGNED

M. E. Atkins

TITLE Staff Dirg. Engr.

DATE 1-10-90

(This space for Federal or State office use)

Original Filed 1/10/90

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE 2-23-90

RECEIVED

1990 JAN 10 PM 1:50