

N. M. OIL
UNITED STATES P. O. BOX 60
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. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> 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 660' FNL and 1980' FEL Unit B 14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3633	5. LEASE DESIGNATION AND SERIAL NO. LC-03174-A 6. IF INDIAN, ALLOTTEE OR TRIBE NAME 7. UNIT AGREEMENT NAME Eunice Monument South Unit 8. FARM OR LEASE NAME 9. WELL NO. 370 10. FIELD AND POOL, OR WILDCAT Eunice Monument G/SA 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 18-28-215-36E 12. COUNTY OR PARISH Lea 13. STATE NM
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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"/>	PULL 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 type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) perf, acidz & convert to dry	(Other) <input checked="" type="checkbox"/>
(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) R-7766			

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: 4033 PC: 4020

Change out wellhead to national 7 1/16", NU BOP, test casing and WH to 600psi for 30 min., ok. pu BHA, and WS, tag PBTD at 4020, displace hole w/ 8.6 CKF. Perf 3846-87, 3891-3901, 3922-28, 3936-42, 3969-98, 2 3/4" guns (92 holes) 1 JHPF, 180° phase, test tbg to 3000psi, ok. spot 50 gal 15% NEFE HCL, acidize w/ 6950 gal 15% NEFE HCL, Swab, PU 2 3/8" IPC tbg, and TIH to 3795, pump 40bbbls 8.6 CPF down BA and set pkr at 3795, ND BOP, NU WH, test casing and pkr to 600psi for 30 min. ok. RD MO PU. Turn over to production. Work performed 12-17-87 through 12-19-87

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

SIGNED M. E. Abin

TITLE Staff Drilling Engineer

DATE Jan. 5, 1988

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

*See Instructions on Reverse Side

RECEIVED

JAN 25 1988

OCD
HOBS OFFICE