

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPL
(Other instructions
verse side)

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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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. LC 031740A
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 660' FNL & 1980' FEL Unit B		8. FARM OR LEASE NAME
14. PERMIT NO.		9. WELL NO. 370
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3633' GL		10. FIELD AND POOL, OR WILDCAT Eunice Monument G/SA
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 1/8 Sec-28, 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:		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) <input type="checkbox"/>	

(Other) Perf. acidz. convert to inject ☒ (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 4033'

It is proposed to perf liner 3846-3998', acidize as necessary. Run IPC tubing to 3800'. Pump annular capacity of packer fluid by packer. Set packer, load and test backside to 600 psi. ND BOP's, NU injection wellhead and test.

RECEIVED
NOV 19 12 17 PM '87
CARLETON COUNTY COURSE
AREA HEADQUARTERS

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

SIGNED FA Smith MEA TITLE Staff Drilling Engineer DATE 11-18-87

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE 11-24-87

CONDITIONS OF APPROVAL, IF ANY: _____

*See Instructions on Reverse Side