	RTMENT OF THE				31746-A	
	JREAU OF L. MAN				ALLOTTIE OR TRIBE NAME	
	NOTICES AND RE			G. M. INDIAN,	ALLOHITE OR TAIGE VERY	
1.				7. UNIT AGREE	MENT NAME	
OIL GAS OTHER Injector					Eunice Monument South Uni	
Chevron U.S.A. Inc				o. Para ur i	LAGE NARE	
3. ADDRESS OF OPERATOR				9. WELL NO.		
P.O. Box 670 Hobb	s. NM 88240			378		
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* Bee also space 17 below.) At surface Unit F, 2310 FML & 2310 FWL				10. FIELD AND	POOL, OR WILDCAT	
				Eunice M	onument G/SA	
				11. SEC., T., 2	M., OR BLX. AND	
				SecT2	12 K20E	
14. PERMIT NO.	15. ELEVATIONS (S)	now waether DF,	IT, GR, etc.)	12. COUNTY O	R PARISH 13. STATE	
11. FEBRUARIO				Lea	NM	
			<u> </u>			
16. Che	ck Appropriate Box To	Indicate No	iture of Notice, Report, o	or Other Data		
NOTICE OF	F INTENTION TO:	1	SCB	SEQUENT REPORT OF	:	
					PAIRING WELL	
TEST WATER SHUT-OFF	PULL OR ALTER CASIS	" —	WATER SHUT-OFF	1	TERING CASING	
FRACTURE TREAT	MARTINE COMBINETE		FRACTURE TREATMENT	1 1 ·	ANDONMENT4	
SHOOT OR ACIDIZE	ABANDON*		SHOOTING OR ACIDIZING	i **		
REPAIR WELL	CHANGE PLANS	+; 	(Other)	suits of multiple co	mpletion on Well	
(Other) Deepen and	convert to injec	CIUII 1	Completion or Rec	ompletion Report a:	id Log form.)	
Clean out to TD Q additional Grayburg for injection. Tes	perforations as t casing, packer	logs ind	icate. Acidize as	necessary.	Equip	
	.		.,			
	* : • :	• •				
	•					
			•			
-	regoing is true and correct					
	Pening is true and correct			.*	_	
18. I hereby certify that the for	7	n	victor Duilling Ma	nager	4-15-06	
SIGNED CERTIFY that the for	4	TITLE Div	ision Drilling Ma	nager DATE	9-15-86	
SIGNED ASMIL	<u> </u>	TITLE Div	vision Drilling Ma		·	
Man I	<u> </u>	TITLE Div	ision Drilling Ma		·	
(This space for Federal or	State office use)	TITLE Div	vision Drilling Ma		·	
SIGNED (This space for Federal or	State office use)		vision Drilling Ma		9-15-86	

Subject to *See Instructions on Reverse Side

Like Approval

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any Dys State out or fraudulent statements or representations as to any matter within its jurisdiction.

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