

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE  
(Other instructions  
reverse side)

Budget Bureau No. 1004-0135  
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

LC 031740-A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

Eunice Monument South Unit

8. FARM OR LEASE NAME

9. WELL NO.

377

10. FIELD AND POOL, OR WILDCAT

Eunice Monument

11. SEC., T., R., M., OR BLK. AND  
SURVEY OR AREA

Sec 17, T21S, R36E

12. COUNTY OR PARISH

Lea

13. STATE

NM

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

2. NAME OF OPERATOR

Chevron U.S.A. Inc.

3. ADDRESS OF OPERATOR

P. O. Box 670, Hobbs, NM 88240

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*

See also space 17 below.)  
At surface

1980' FNL & 660' FWL

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, ST, GR, etc.)

3648.29' DF

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON\*

REPAIR WELL

CHANGE PLANS

(Other) Deepen Well In Same Zone

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT\*

(Other)

(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.)\*

Propose to deepen well from 3970' to 4120' (150'). Run logs. Acidize open hole  
as necessary. Equip to pump. Return to production.

Attachment: Well Diagram

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

SIGNED

TITLE Division Drilling Manager

DATE 7-2-1986

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE 7-14-86

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

## WELL DATA SHEET

Case Eunice Monument South Unit Well No. 377 Pool Eunice Monument Date 7-2-86  
 Location 1980' FNL 1660' FNL Sec 17 T215 R36E County LEA State WV

\_\_\_\_\_ ' from  
 \_\_\_\_\_ to \_\_\_\_\_

Date Completed 7-9-84 Gr. Elev. 3648.29

Prod. Formation Grassy

From \_\_\_\_\_ To \_\_\_\_\_

Init. Prod. \_\_\_\_\_ BOPD \_\_\_\_\_ BWPD Date \_\_\_\_\_

Gas Vol. \_\_\_\_\_ MCF \_\_\_\_\_ GOR \_\_\_\_\_

Init. Inj. \_\_\_\_\_ BWPD @ \_\_\_\_\_ psi Date \_\_\_\_\_

Initial Treatment \_\_\_\_\_

13 3/8 "OD \_\_\_\_\_ #

Set @ 316 'w/ 200 sx

Cmt. circulated? \_\_\_\_\_

TOC @ \_\_\_\_\_ by TS

9 5/8 "OD \_\_\_\_\_ #

Set @ 1433 'w/ 300 sx

Cmt. circulated? \_\_\_\_\_

TOC @ \_\_\_\_\_ by TS

7 "OD \_\_\_\_\_ # \_\_\_\_\_ Thd

Gr. \_\_\_\_\_ Csg

Set @ 3309 'w/ 400 sx

Cmt. Circulated? \_\_\_\_\_

TOC @ \_\_\_\_\_ by TS

Subsequent Workover or Reconditioning:

--- Current TD @ 3970'

--- Proposed TD @ 4120'

Remarks: \_\_\_\_\_

TD \_\_\_\_\_

RECEIVED  
JUL 21 1986  
C.C.P.  
HOBBS OFFICE