

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
H. M. OIL & GAS COMMISSION
P. O. BOX 1980
HOBBS, NEW MEXICO 88240

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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Injector		5. LEASE DESIGNATION AND SERIAL NO. LC 031740 A	
2. NAME OF OPERATOR Chevron U.S.A. Inc.		7. UNIT AGREEMENT NAME Eunice Monument South Unit	
3. ADDRESS OF OPERATOR P.O. Box 670, Hobbs, New Mexico 88240		8. FARM OR LEASE NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface Unit L, 1980' FSL & 660' FWL		9. WELL NO. 408	
14. PERMIT NO.		10. FIELD AND POOL, OR WILDCAT Eunice Monument G/SA	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3666' GL		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 17, 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 COMPLETION <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) <u>Convert to Injector</u>	(Other) <input checked="" type="checkbox"/>
(Other) <input type="checkbox"/>		(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.)*

Deepened from 3955' to 4131'. Survey @ 4131' - 1 3/4". Ran GR/CNL/CCL/Caliper logs. Acidized with 4000 gallons 15% NEFE HCL. Equipped for injection with 2 3/8" IPC tubing and packer set @ 3777'. Tested casing and packer to 600 psi for 30 minutes (OK). Work performed 11/30/86 - 12/2/86.

ACCEPTED FOR RECORD

JAN 07 1987

CARLSBAD, NEW MEXICO

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

SIGNED <u>M. E. Akin</u>	TITLE <u>Staff Drilling Engineer</u>	DATE <u>12-17-1986</u>
(This space for Federal or State office use)		
APPROVED BY _____	TITLE _____	DATE _____
CONDITIONS OF APPROVAL, IF ANY:		

*See Instructions on Reverse Side

RECEIVED
JAN 9 1987
HONORS OFFICE