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Equip for injection. Test casing, packer, and tubing to 500 psi for 30 minutes. Return to production as an injector.	rg perforations as logs indicate. A	Acidize as necessary.
• •	lest casing, packer, and tubing to as an injector.	out psi for 30 minutes.
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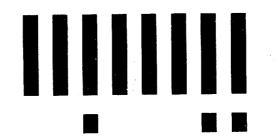
hereby certify that the information above is true and complete to the best of my knowledge and belief. Division Drilling Manager 9-9-1986 ORIGINAL SIGNED BY JERRY SEXTON

VEO .V DISTRICT I SUPERVISOR

Received 1 1986

(Formerly 9–331) DEPARTMENT	THE INTER		5. LEASE DESIGNAT LC 031	1985 100 AND SERIAL NO. 140 – A
SUNDRY NOTICES (Do not use this form for proposals to duse "APPLICATION E			1	TTEE OR TRIBE NAME
1.			7. UNIT AGREEMEN	
WELL GAS OTHER Inject	tor ·			ment South Unit
2. NAME OF OPERATOR			8. FARM OR LEASE	NAME
Chevron U.S.A. Inc.				
3. ADDRESS OF OPERATOR	2240		9. WELL NO.	
P.O. Box 670 Hobbs, NM 88		State seeming	100	
4. LOCATION OF WELL (Report location clearly a See also space 17 below.) At aurface	nd in accordance with an	State requirements.	Eunice Monu	ment G/SA
Unit <u>L</u> , <u>1980</u> FSL & 660	<u> </u>		Sec/7T21S	REA
14. PERMIT NO. 15. E	S666' FL	F, RT, GR, etc.)	12. COUNTY OR PAI	NM
16. Check Appropri	ate Box To Indicate I	Nature of Notice, Repor	t, or Other Data	
NOTICE OF INTENTION TO			UBBEQUENT REPORT OF:	
TEST WATER SHUT-OFF PCLL OR	ALTER CASING	Witten Sugar one		
	E COMPLETE	WATER SHUT-OFF FRACTURE TREATMENT		G CASING
SHOOT OR ACIDIZE ABANDON		SHOOTING OR ACIDIZI	 	
REPAIR WELL CHANGE		(Other)		
(Other) Deepen and convert to	o injection	(Notz: Report	results of multiple complet Recompletion Report and Log	ion on Well
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		•		
18. I hereby certify that the foregoing is true a			.•	
SIGNED / Miller	TITLE Di	vision Drilling M	anager DATE 9-9	9-1986
(This space for Federal or State office use)				
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
APPROVED BY	TITLE		DATE	

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Job separation sheet

STATE OF NEW MEXICO

ENERGY AND MINERALS DEPARTMENT		٠,					
*************************					<u>.</u> .	Form C-104 Revised 10-01-78	
DISTRIBUTION	OIL CONSERY	VATION	DIVISIO	N	•	Formai 06-01-83 Page 1	
SANTA FE	P. O.	BOX 2088					·
U.8.0.a.	SANTA FE, N	EW MEXI	CO 87501				
LAND OFFICE							
TRANSPORTER GAS	TO DECUEST	-00 11 100	401 5				
OPERATOR	7 KECUESI I	FOR ALLOW AND	ARLE	•			117
PROMATION OFFICE	HORIZATION TO TRA		AND NATU	RAL GAS			
I							4
Operator							
CHEVRON U.S.A. INC.	•						
	8240						. :
Reason(s) for filing (Check proper dox)	4	i	Other (Please	explains			
	ge in Transporter of:	5 . 6-	Name C	hange E	ffective	7-1-85	-
	Casinghead Gas	Dry Gas			•		
X Change in Ownership	dainghead Gas	Condensate			 -		
If change of ownership give name Culf O	di Corn D O	Para 670	17-1-1-	ND (00	2/0		
and address of previous owner Gull O	il Corp., P. O.	BOX 670	, nobbs.	NM 88	240		
II. DESCRIPTION OF WELL AND LEASE							••.
	No. Pool Name, including	Formation		Kind of Le	0.8.0		
Eunice Monument South 40	8 Funico) 1	ronume	ext	State, Fed	iral of Fee		
" Location //wt	v muco 1.	•	· · · · · · · · · · · · · · · · · · ·				
Unit Letter L : 1980 Feet	From The Stick	Line and	660	_ Feet From	m The <u>1/2</u>	at	
Line of Section / Township	2/S Range	36E	, NMPM,	Le	α	· · · · · · · · · · · · · · · · · · ·	Cou
III. DESIGNATION OF TRANSPORTER C)E ()[[437] 31477[[]	11.018					77
	A Coudensale	AL (IAS	Give address s	o which app	roved copy of si	is form is to be	sent)
Thell Pinking	-	Roll	19104	niAll	rnd I	11 7970	01
Name of Authorized Tanaparter of Castagnesa Con	or Cry Gos	Address (Give addréss s	o which app	roved copy of p	LE form LE 10, DE	sent)
Wassen I Foto Objum	y was seen and the	· Bay	1589.	Duls	a op	, 741c	20
Tif I evaluate oil of House	Sec. Twp. Rge.	Is gas oc	lually connecte	47 ,1	Vhen II		7
give location of tanks.	1 2/5 36	A	Wes		/lnR	now	• • • • •
If this production is commingles with that from	any other lease or poo	l. give comm	ungling order	number:			
ر ريان با ميدان وزيان و در ويون بي در ويون ويون ويون ويون ويون ويون ويون ويو	وسور فوفق والأوار والمعجود		m)Compared as			 _	
NOTE: Complete Parts IV and V on revers	se side if necessary.	a to a serve of grand and designation of	المناف المستورات والمايع		• •	•	
VI. CERTIFICATE OF COMPLIANCE	A CONTRACTOR OF THE PROPERTY O	· ·	COL CO	DNSERV	ATION DIVI	SION	
A. C.		1,200	C.E.				
I hereby certify that the rules and regulations of the Oi		- 13	γ ν 5 0 <u>'''</u>		1985		
The been complied with and that the information given is true of my knowledge and belief.		11	(1.018.	را ای	10x /		
	A CONTRACTOR OF THE SECTION OF THE S	S BY	/	7	27.00	<u> </u>	
and the same of th	KAKMIY • Have	TITLE		DISTRI	CT'1 SUPER	VISOR	احمار
			is form is to	 be (i)ed i-	Compliance:	MILL RULE 110	
(.) Ditte	÷ da varia da	1	his is a recu	est for all	rushis for a -	with RULE 110 lewly drilled or	14.
(Signature)		ii well, th	is tour must	De accom	anied by a ta	bulation of the	deet
Area Engineer	• . •		Ken on the w	ell in ecc	ordence with	AULE 111.	
		* 11	sections of t	inia force m	ust be filled.	out completely	100 -

(Date)

Lease No.

County

TION DIVISION 2088 **MEXICO 87501**

Address (Give address to which approved copy of this form is to, be	zent)
Boy 1589, Julsa, OR 14/	00
le gas actually confected? When the nown	A
give commingling order number:	
the state of the s	. *
OIL CONSERVATION DIVISION	
BY PAREN SPY TON	- Activity
TITLE DISTRICT 1 SUPERVISOR	uet tu ^{ett}
This form is to be filed in compliance with RULE 11 If this is a request for allowable for a newly drilled of well, this form must be accompanied by a tabulation of the tests taken on the well in accordance with RULE 111.	

All sections of this form must be filled out completely for allowable on new and recompleted wells. Fill out only Sections I. II. III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply