ATTN: BONNIE @ OCD

UBING SIZE 2 3/8
PKR. SETTING DEPTH 3733
PERFS TOP & BOTTOM 3775-
3910

**CHEVRON U.S.A. PRODUCTION CO.**

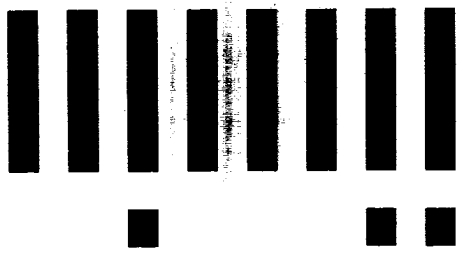
**DISPOSAL / INJECTION WELL**
**PRESSURE TEST REPORT**
**NEW MEXICO**

1. LEASE NAME: EMSU 406
2. WELL NO. 406 ~~WF~~
3. LOCATION: UNIT: J SEC. 17 T 21S R 36E
4. COUNTY: Lea
5. REASON FOR TEST:
   - ____ INITIAL TEST PRIOR TO INJECTION.
   - __✓__ AFTER WORKOVER
   - ____ FIVE YEAR TEST
   - ____ OTHER (SPECIFY)____
6. DATE OF TEST: 3-15-93
7. TEST PRESSURE:

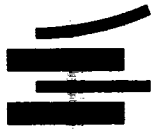
| TIME: | TUBING | CASING | SURFACE CASING |
|---|---|---|---|
| INITIAL | 0 | 480 | |
| 15 MIN. | 0 | 480 | |
| 30 MIN. | 0 | 480 | |
| ____ | | | |
| ____ | | | |

8. TEST WITNESSED BY OCD: ____ YES __✓__ NO
   IF YES, NAME OF OCD REP.____
9. OPERATOR COMMENTS ON TEST:____
10. WELL STATUS:
    __✓__ ACTIVE ____ TEMPORARILY ABANDONED ____ OTHER (SPECIFY)____
11. CHEVRON REPRESENTATIVE: FRED ORTIZ (NAME) WORKOVER REP (TITLE)

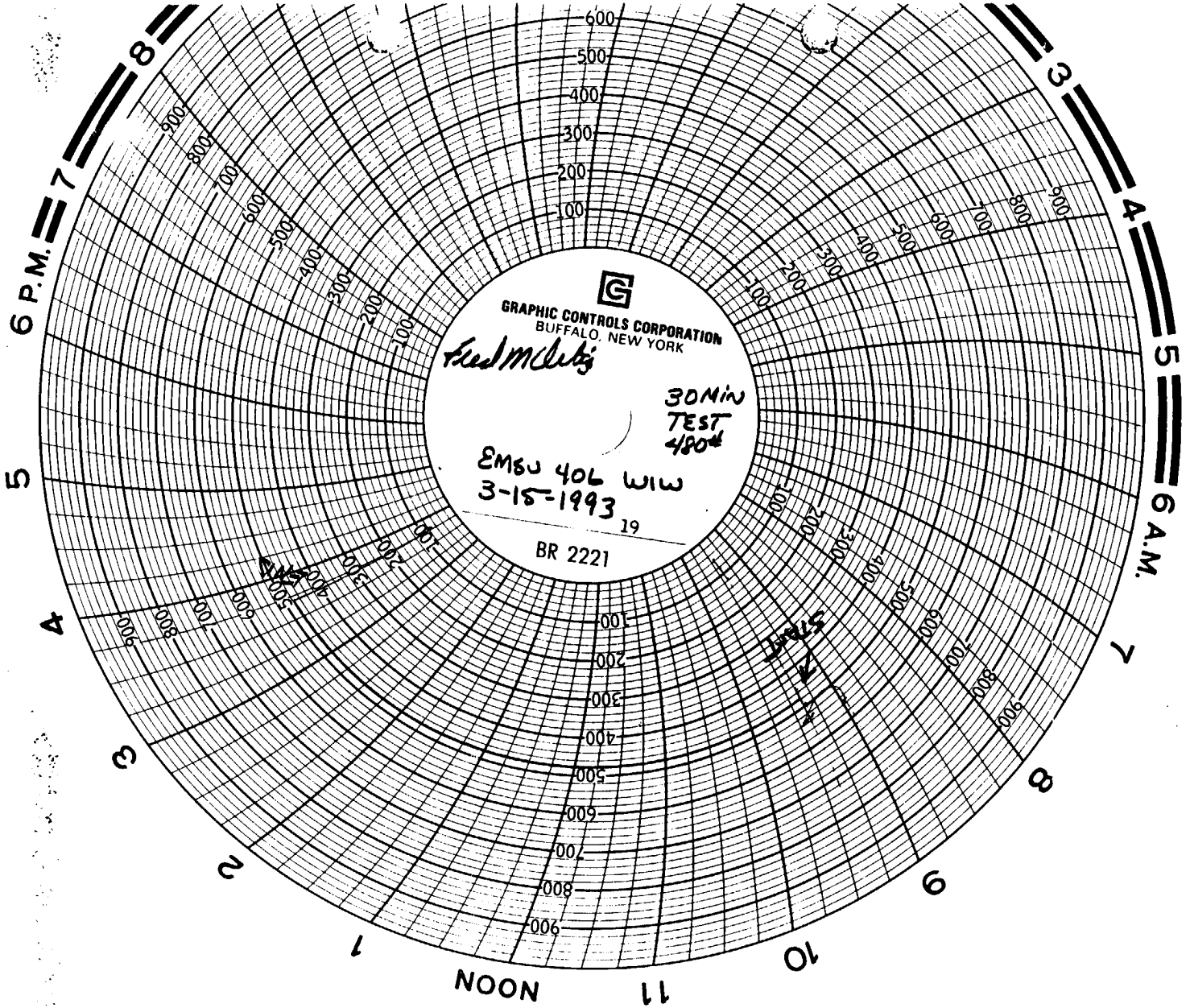
Fred Ortiz JR
SIGNATURE

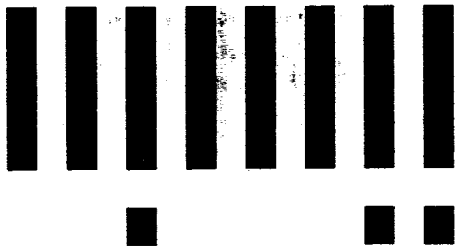


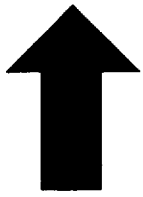
LTR



**Job separation sheet**


GRAPHIC CONTROLS CORPORATION
BUFFALO, NEW YORK
Fred McClintock
30 MIN
TEST
480#
EMSU 406 WIW
3-15-1993
19
BR 2221
6 P.M.
7
8
5
4
3
2
1
NOON
11
10
9
8
7
6 A.M.
5
4
3
100
200
300
400
500
600
700
800
900





LTR

**Job separation sheet**

Submit 3 Copies to Appropriate District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

# OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240
DISTRICT II
P.O. Drawer Dd, Artesia, NM 88210
DISTRICT III
1000 Rio Brazos Rd., Aztec, Nm 87410

API NO. (assigned by OCD on New Wells): 30-025-04696

5. Indicate Type of Lease: STATE [X] FEE [ ]

6. State Oil & Gas Lease No.: N/A

## SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

7. Lease Name or Unit Agreement Name: EUNICE MONUMENT SOUTH UNIT

1. Type of Well: OIL WELL [ ] GAS WELL [ ] OTHER WATER INJECTOR

2. Name of Operator: CHEVRON U.S.A. INC.

8. Well No.: 406

3. Address of Operator: P.O. BOX 1150 MIDLAND, TX 79702 ATTN: NITA RICE

9. Pool name or Wildcat: EUNICE MONUMENT /GB

4. Well Location
Unit Letter J : 1670 Feet From The SOUTH Line and 1650 Feet From The EAST Line
Section 17 Township 21S Range 36E NMPM LEA County

10. Elevation (Show whether DF, RKB, RT, GR, etc.): 3640 GE

11 Check Appropriate Box to Indecate Nature of Notice, Report, or Other Data

| NOTICE OF INTENTION TO: | | | | SUBSEQUENT REPORT OF: | | | |
|---|---|---|---|---|---|---|---|
| PERFORM REMEDIAL WORK | [ ] | PLUG AND ABANDON | [ ] | REMEDIAL WORK | [ ] | ALTER CASING | [ ] |
| TEMPORARILY ABANDON | [ ] | CHANGE PLANS | [ ] | COMMENCE DRILLING OPNS. | [ ] | PLUG AND ABAN. | [ ] |
| PULL OR ALTER CASING | [ ] | | | CASING TEST AND CMT JOB | [ ] | | |
| OTHER: | [ ] | | | OTHER: REPAIR CASING LEAK RUN 4-1/2" LINER | [X] | | |

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including esticated date of starting any proposed work) SEE RULE 1103.

WORK PERFORMED 11-24 THRU 12-8-92 & 3-9 THRU 3-16-93
ND WH, NU BOP, LOCATE CSG LEAK 357-697. SPOT 75 SX CMT 719-SURFACE.
DRL OUT CMT TO 722', FELL OUT & CLEAN OUT TO 800'. ISOLATE CSG LEAK 595-776. PERF 2 SQZ HOLES @ 725', PMP TTL 175 SX CLASS-C CMT, OBTAIN 550# SQZ. DRL OUT CMT TO 579, TST TO 320# & BLED OFF TO 50# IN 2 MINUTES. POH & LD DRL ASSY, ND BOP & INST TBG BONNET ON 12-8-92. 3-9-93, NU BOP, DRL CMT F/579-790, FELL OUT. C/O TO 4116'. TST CSG TO 1000#. SET CIBP @ 3768'. C/O FILL TO 3682. REPLACE WELL HEAD, RUN 4-1/2 11.6# LINER, SET & CMTD @ 3768' W/150 SX CL-C CEMENT, CIRC TO SURF. DRL OUT CMT & SHOE TO 4116, TD. CIBP FELL OUT TO 4116. RIH W/LOC-SET PLASTIC COATED PKR, SET @ 3733', CIRC PKR FLUID NU WH, TST CSG TO 480 PSI, OK. RETURN WELL TO INJECTION.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Nita Rice TITLE TECHNICAL ASSISTANT DATE: 3/22/93

TYPE OR PRINT NAME NITA RICE TELEPHONE NO. (915)687-7436

APPROVED BY ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR TITLE DATE MAR 24 1993

CONDITIONS OF APPROVAL, IF ANY: