

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <u>Injector</u>		5. LEASE DESIGNATION AND SERIAL NO. <u>LC-031740-B</u>	
2. NAME OF OPERATOR <u>Chevron U.S.A. Inc.</u>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR <u>P.O. Box 670 Hobbs, NM 88240</u>		7. UNIT AGREEMENT NAME <u>Eunice Monument South Unit</u>	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) <u>At surface</u>		8. FARM OR LEASE NAME	
Unit D 990 FNL & 330 FWL		9. WELL NO. <u>285</u>	
14. PERMIT NO.		10. FIELD AND POOL, OR WILDCAT <u>Eunice Monument G/SA</u>	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <u>3572' GL</u>		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>Sec 8 T21S R36E</u>	
		12. COUNTY OR PARISH <u>Lea</u>	13. STATE <u>NM</u>

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☒

REPAIR WELL ☐

(Other) Convert to Injector

FULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

ABANDON* ☐

CHANGE PLANS ☐

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SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐

FRACTURE TREATMENT ☐

SHOOTING OR ACIDIZING ☐

(Other) ☐

REPAIRING WELL ☐

ALTERING CASING ☐

ABANDONMENT* ☐

(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.)*

Clean out to PBTD @ 3966'. Add additional Grayburg perforations from 3702' - 3959'. Acidize as necessary. Equip for injection. Test casing, packer, and tubing to 500 psi for 30 minutes. Return to production as an injector.

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

SIGNED

P. H. Buler Jr.

TITLE

Division Drilling Manager

DATE

9-16-1986

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

*See Instructions on Reverse Side