

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE\*  
(Other instructions on re-  
verse side)

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. LC-031740-A
2. NAME OF OPERATOR Chevron U.S.A. Inc.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P.O. Box 670, Hobbs, New Mexico 88240		7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface Unit K, 2310' FSL & 1650' FWL		8. FARM OR LEASE NAME Eunice Monument South Unit
14. PERMIT NO.		9. WELL NO. 407
15. ELEVATIONS (Show whether OF, RT, GR, etc.) 3644' GL		10. FIELD AND POOL, OR WILDCAT Eunice Monument Grayburg
		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:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) Add perfs in Penrose & frac <input checked="" type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input 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.)\*

IT IS PROPOSED TO:

PERFORATE PENROSE PAY 3760'-3768'  
FRAC TREAT NEW PERFS IF NECESSARY  
RETURN WELL TO PRODUCTION.

RECEIVED  
JUN 21 11 00 AM '90  
CARTER  
AREA

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

SIGNED TM Bealiss

TITLE Drlg. Engr.

DATE 6-20-90

(This space for Federal or State office use)

APPROVED BY PETROLEUM ENGINEER

TITLE PETROLEUM ENGINEER

DATE 6 26 90

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

RECEIVED

JUN 27 1990

OCD  
HOBBS OFFICE