

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

Cons. Division  
25 N. French Dr.  
Hobbs, NM 88240  
FORM APPROVED  
NO. 1004-0135  
Expires: November 30, 2000  
Case Serial No.  
10031740A

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals.

SUBMIT IN TRIPLICATE - Other instructions on reverse side

1. Type of Well  
☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator  
Chevron U.S.A. Inc.

3a. Address  
P.O. Box 1150, Midland, TX 79702

3b. Phone No. (include area code)  
(915) 687-7148

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)  
2130' FNL & 1780' FEL UNIT G  
SEC. 18, T21S, R36E

6. If Indian, Allottee or Tribe Name

N/A

7. If Unit or CA/Agreement, Name and/or No.

BONICE MONUMENT SOUTH UNIT

8. Well Name and No.

375

9. API Well No.

30-025-29837

10. Field and Pool, or Exploratory Area

BONICE MONUMENT GP-SA

11. County or Parish, State

LEA, NM

12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

- ☐ Notice of Intent  
☒ Subsequent Report  
☐ Final Abandonment Notice

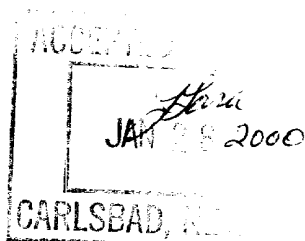
TYPE OF ACTION

- |   |   |   |   |
|---|---|---|---|
| <input type="checkbox"/> Acidize              | <input type="checkbox"/> Deepen           | <input type="checkbox"/> Production (Start/Resume)      | <input type="checkbox"/> Water Shut-Off |
| <input type="checkbox"/> Alter Casing         | <input type="checkbox"/> Fracture Treat   | <input type="checkbox"/> Reclamation                    | <input type="checkbox"/> Well Integrity |
| <input type="checkbox"/> Casing Repair        | <input type="checkbox"/> New Construction | <input type="checkbox"/> Recomplete                     | <input type="checkbox"/> Other          |
| <input type="checkbox"/> Change Plans         | <input type="checkbox"/> Plug and Abandon | <input checked="" type="checkbox"/> Temporarily Abandon |   |
| <input type="checkbox"/> Convert to Injection | <input type="checkbox"/> Plug Back        | <input type="checkbox"/> Water Disposal                 |   |

13. Describe Proposed or Completed Operation (clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recompleat horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports shall be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompleat in a new interval, a Form 3160-4 shall be filed once testing has been completed. Final Abandonment Notices shall be filed only after all requirements, including reclamation, have been completed, and the operator has determined that the final site is ready for final inspection.)

POH W/PROD TBG. SET CIBP @ 3845'. CIRC PKR FLUID. PRESS TEST TO 480# 30 MIN-OK.  
TST WITNESSED BY STEVE CAFFEY W/BLM. RIH W/TBG TO 3784'.

WELL TA'D 12/9/99



RECEIVED  
2000 JAN 14 P 2:59  
BUREAU OF LAND MANAGEMENT  
HOBBS, NM

14. I hereby certify that the foregoing is true and correct  
Name (Printed/Typed)

J. K. RIPLEY

Title

TECHNICAL ASSISTANT

Date 12/21/99

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by

Title

Date

Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.

Office

Title 18 U.S.C. Section 1001, and Title 43 U.S.C. Section 1212, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

21111

RECEIVED

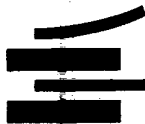
JAN 12 '00

BLM  
ROSWELL





**LTR**



**Job separation sheet**

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

N.M. O' Conn. Division  
P.O. Box 1980  
Hobbs, NM 88241

FORM APPROVED  
Budget Bureau No. 1004-0135  
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.

Use "APPLICATION FOR PERMIT - " for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well

☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator

Chevron U.S.A. Inc.

3. Address and Telephone No.

P.O. Box 1150, Midland, TX 79702 (915)687-7148

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

21302180' FNL & 1780' FEL UNIT G  
SEC. 18, T21S, R36E

5. Lease Designation and Serial No.

N/A LC 031740A

6. If Indian, Allottee or Tribe Name

N/A

7. If Unit or CA, Agreement Designation

EUNICE MONUMENT SOUTH UNIT

8. Well Name and No.

375

9. API Well No.

30-025-29837

10. Field and Pool, or exploratory Area

EUNICE MONUMENT;GB-SA

11. County or Parish, State

LEA, NM

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

- ☒ Notice of Intent  
☐ Subsequent Report  
☐ Final Abandonment Notice

TYPE OF ACTION

- ☐ Abandonment  
☐ Recompletion  
☐ Plugging Back  
☐ Casing Repair  
☐ Altering Casing  
☒ Other TA  
☐ Change of Plans  
☐ New Construction  
☐ Non-Routine Fracturing  
☐ Water Shut-Off  
☐ Conversion to Injection  
☐ Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. 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 3800'. SET CIBP @ 3800', DUMP 2 SX CMT ON TOP. PRESS TEST TO 500 PSI. DISPLACE WELLBORE FLUID W/PKR FLUID TO SURF.

BECAUSE OF LOW OIL PRICES, IT IS UNECONOMICAL TO PERFORM A WORKOVER AT THIS TIME.  
THE WELL WILL NOT BE P&A'D BECAUSE IT MAY BE POSSIBLE TO PERFORM A WORKOVER IN THE FUTURE.

SEE ATTACHED FOR  
CONDITIONS OF APPROVAL

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

Signed

J. K. Ripley

Title TECHNICAL ASSISTANT

Date 4/14/99

(This space for Federal or State office use)

(ORIG. SGD.) ALEXIS C. SWOBODA

Approved by

Title PETROLEUM ENGINEER

Date

APR 27 1999

Conditions of approval, if any:

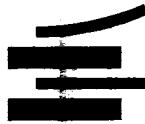
Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

\* See Instruction on Reverse Side

GW



**LTR**



**Job separation sheet**

District I  
PO Box 1980, Hobbs, NM 88241-1980  
District II  
PO Drawer DD, Artesia, NM 88211-0719  
District III  
1000 Rio Brazos Rd., Aztec, NM 87410  
District IV  
2040 South Pacheco, Santa Fe, NM 87505

State of New Mexico  
Energy, Minerals & Natural Resources Department

**OIL CONSERVATION DIVISION**  
**2040 South Pacheco**  
**Santa Fe, NM 87505**

Form C-104  
Revised October 18, 1994  
Instructions on back  
Submit to Appropriate District Office  
5 Copies

☐ AMENDED REPORT

**I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT**

<sup>1</sup> Operator name and Address Chevron U.S.A. Inc. P.O. Box 1150 Midland, TX 79702		<sup>2</sup> OGRID Number 4323	
		<sup>3</sup> Reason for Filing Code CG EFFECTIVE 7/1/98	
<sup>4</sup> API Number 30-0 30-025-29837	<sup>5</sup> Pool Name EUNICE MONUMENT;GRAYBURG-SAN ANDRES		<sup>6</sup> Pool Code 23000
<sup>7</sup> Property Code 2616	<sup>8</sup> Property Name EUNICE MONUMENT SOUTH UNIT		<sup>9</sup> Well Number 375

**II. <sup>10</sup> Surface Location**

UL or lot no.	Section	Township	Range	Lot. Idn	Feet from the	North/South Line	Feet from the	East/West line	County
G	18	21S	36E		2130	NORTH	1780	EAST	LEA

**<sup>11</sup> Bottom Hole Location**

UL or lot no.	Section	Township	Range	Lot. Idn	Feet from the	North/South Line	Feet from the	East/West line	County
<sup>12</sup> Lse Code F	<sup>13</sup> Producing Method Code SI		<sup>14</sup> Gas Connection Date 6/87		<sup>15</sup> C-129 Permit Number		<sup>16</sup> C-129 Effective Date		<sup>17</sup> C-129 Expiration Date

**III. Oil and Gas Transporters**

<sup>18</sup> Transporter OGRID	<sup>19</sup> Transporter Name and Address	<sup>20</sup> POD	<sup>21</sup> O/G	<sup>22</sup> POD ULSTR Location and Description
001009	ARCO PIPELINE CO. P. O. BOX 308 INDEPENDENCE, KS 67301	0715610	0	P-06-21S-36E
037480	EOTT ENERGY PIPELINE LP P. O. BOX 4666 HOUSTON, TX 77210-4666	2806541	0	P-06-21S-36E
024650	DYNEGY MIDSTREAM SERVICES, LP 1000 LOUISIANA, SUITE 5800 HOUSTON, TX 77002-5050	2815423	G	I-18-21S-36E
009171	GPM CORP. 4044 PENBROOK ODESSA, TX 79762	2815424	G	I-18-21S-36E

**IV. Produced Water**

<sup>23</sup> POD 0715650	<sup>24</sup> POD ULSTR Location and Description
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**V. Well Completion Data**

<sup>25</sup> Spud Date	<sup>26</sup> Ready Date	<sup>27</sup> TD	<sup>28</sup> PBSD	<sup>29</sup> Perforations	<sup>30</sup> DHC, DC, MC
<sup>31</sup> Hole Size		<sup>32</sup> Casing & Tubing Size	<sup>33</sup> Depth Set	<sup>34</sup> Sacks Cement	

**VI. Well Test Data**

<sup>35</sup> Date New Oil	<sup>36</sup> Gas Delivery Date	<sup>37</sup> Test Date	<sup>38</sup> Test Length	<sup>39</sup> Tbg. Pressure	<sup>40</sup> Csg. Pressure
<sup>41</sup> Choke Size	<sup>42</sup> Oil	<sup>43</sup> Water	<sup>44</sup> Gas	<sup>45</sup> AOF	<sup>46</sup> Test Method

<sup>47</sup> I hereby certify that the rules of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature: *J. K. Ripley*

Printed name:  
J. K. RIPLEY

Title:  
TECHNICAL ASSISTANT

Date: 12/2/98

Phone: (915)687-7148

**OIL CONSERVATION DIVISION**

Approved by:

Title:

Approval Date:

<sup>48</sup> If this is a change of operator fill in the OGRID number and name of the previous operator

Previous Operator Signature

Printed Name

Title

Date