

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N.M. Oil ns. 0 101
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 deepen or reentry to a different reservoir.

Use "APPLICATION FOR PERMIT-" for such proposals

SUBMIT IN TRIPLICATE

1. Type of well <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Gas <input type="checkbox"/> Other	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 N/A
3. Address and Telephone No. P. O. Box 1150, Midland, TX 79702 (915)687-7148	7. If Unit or CA, Agreement Designation EUNICE MONUMENT SOUTH UNIT
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 2130' FNL & 1780' FEL SEC. 18, T21S, R36E	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

CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

12 TYPE OF SUBMISSION	TYPE OF ACTION	
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion	<input type="checkbox"/> New Construction
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Altering Casing	<input type="checkbox"/> Conversion to Injection
	<input checked="" type="checkbox"/> Other PERF, ACZ	<input type="checkbox"/> 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 estimate 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.)*

POH W/PROD EQPT. CLEAN OUT TO 4040' (IF FILL ABOVE 4030'). PERF 3948'-3982' W/3 JHPF. ACZ W/ 3000 GALS 15% HCL. PB W/SAND TO 3902'. SET CIBP @ 3900'. PUMP 1000 GALS 15% HCL @ 3845'. SET CIBP @ 3750'; SQZ W/150 SX CL 'C". WOC . DRILL OUT CIBP & CMT TO 3890'. PRESS TEST SQZ 300 PSI. DRILL OUT CIBP & CLEAN OUT TO 4040'. RIH W/PROD EQPT. RETURN WELL TO PRODUCTION.

14. I hereby certify that the foregoing is true and correct	
Signed <u>J. K. Ripley</u>	Title <u>T. A.</u>
(This space for Federal or State office use)	
Approved by <u>(ORIG. SGT.) LES BABYAK</u>	Date <u>MAY 14 1998</u>
Conditions of approval, if any:	