Form 3160-5
(November 1983)
(Formerly 9-331)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE* (Other instructions on reverse side)

Form approved.
Budget Bureau No. 1004-01
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.)

5. LEASE DESIGNATION AND SERIAL NO.: LC-031740-A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME:

1. OIL WELL [X] GAS WELL [ ] OTHER

7. UNIT AGREEMENT NAME: Eunice Monument South Uni

2. NAME OF OPERATOR: Chevron U.S.A. Inc.

8. FARM OR LEASE NAME:

3. ADDRESS OF OPERATOR: P.O. Box 670, Hobbs, New Mexico 88240

9. WELL NO.: 375

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface: Unit G, 2130 FNL and 1780 FEL

10. FIELD AND POOL, OR WILDCAT: Eunice Monument GB/SA

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA: Sec 18, T21S, R36E

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.): 3647.6

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:				SUBSEQUENT REPORT OF:			
TEST WATER SHUT-OFF	[ ]	PULL OR ALTER CASING	[ ]	WATER SHUT-OFF	[ ]	REPAIRING WELL	[ ]
FRACTURE TREAT	[ ]	MULTIPLE COMPLETE	[ ]	FRACTURE TREATMENT	[ ]	ALTERING CASING	[ ]
SHOOT OR ACIDIZE	[ ]	ABANDON*	[ ]	SHOOTING OR ACIDIZING	[ ]	ABANDONMENT*	[ ]
REPAIR WELL	[ ]	CHANGE PLANS	[ ]	(Other)			
(Other) Water shut off, sqz zone 1			[XX]	(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 SHUT OFF EXCESSIVE WATER PRODUCTION,
SQZ ZONE 1 PERFS 3855-84'.

RECEIVED
APR 3 11 15 AM '90
CARLSBAD AREA OFFICE

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

SIGNED M. E. Albus 3/30/90 TITLE Staff Drlg. Engr. DATE 3-30-90

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE 4-12-90

CONDITIONS OF APPROVAL, IF ANY: