

(November 1983)
(Formerly 9-331)

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
Other Instructions
Reverse Side

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"/> | | 7. UNIT AGREEMENT NAME | |
| 2. NAME OF OPERATOR Chevron U.S.A. Inc. | | Eunice Monument South Unit | |
| 3. ADDRESS OF OPERATOR P. O. Box 670, Hobbs, NM 88240 | | 8. FARM OR LEASE NAME | |
| 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 & 1780 FEL | | 9. WELL NO. 375 | |
| 14. PERMIT NO. | | 10. FIELD AND POOL, OR WILDCAT Eunice Monument G/SA | |
| 15. ELEVATIONS (Show whether OF, RT, GR, etc.) 3647 | | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 18, 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 COMPLETION | <input type="checkbox"/> |
| SHOOT OR ACIDIZE | <input type="checkbox"/> | ABANDON* | <input type="checkbox"/> |
| REPAIR WELL | <input type="checkbox"/> | CHANGE PLANS | <input type="checkbox"/> |
| (Other) | <input 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) add perfs. acidz. | <input type="checkbox"/> | | <input checked="" 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.)*

POOH with production equipment. Perf w/4" guns, 1 JHPF, 180° phased, from 3908-3940, 3855-3884 (61 holes). Spot 100 gallons across perfs, 3940-3855, acidize w/4600 gallons 15% NEFE HCL, swab. Run 2 7/8" production tubing to 4012'. Run production equipment and test pump to 500psi, ok. Turn over to production dept. Work performed September 13, through September 17, 1987.

ID: 4385 PB: 4128

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

SIGNED M. E. Abbin

TITLE Staff Drilling Engineer

DATE September 21, 1987

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

ACCEPTED FOR RECORD

SEP 28 1987

SJS

*See Instructions on Reverse Side

DAKLEAD, NEW MEXICO

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.