

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
HOBBS, NEW MEXICO

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

MISSION
P. O. BOX 1980
HOBBS, NEW MEXICO 88240

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 Eunice Monument South	
2. NAME OF OPERATOR Chevron U.S.A. Inc.		8. FARM OR LEASE NAME Unit	
3. ADDRESS OF OPERATOR P.O. Box 670, Hobbs, NM 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	
14. PERMIT NO. CER 70		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:

TEST WATER SHUT-OFF ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

(Other) Add perfs, acidz, return to prod.

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

ABANDON* ☐

CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐

FRACTURE TREATMENT ☐

SHOOTING OR ACIDIZING ☐

(Other) ☐

REPAIRING WELL ☐

ALTERING CASING ☐

ABANDONMENT* ☐

(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 add perfs in Grayburg Zone 1 & 2 (3855-3884, 3908-3940) Acidize, swab acid residue and return to production.

RECEIVED
AUG 21 1 13 PM '87
CARLSBAD DISTRICT
AREA HEADQUARTERS

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

SIGNED L. E. Moore / M. Akino TITLE STAFF DRILLING ENGINEER DATE AUGUST 20, 1987

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE 9-2-87
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side