

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPlicate  
(Other instructions on  
reverse side)

Form approved.  
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 Eunice Monument South Unit
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 2130 Unit G, 2310' FNL & 1780' FEL	10. FIELD AND POOL, OR WILDCAT Eunice Monument G/SA
14. PERMIT NO.	15. ELEVATIONS (Show whether OF, ST, CR, etc.) 3647.6' GL
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 18, T21S, R36E
	12. COUNTY OR PARISH Lea
	13. STATE NM

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) Casing and Cement Job <input checked="" type="checkbox"/>	
(Other) <input type="checkbox"/>		(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)	

7. 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.)

Spudded 14 3/4" hole 4:30 PM 3/1/87. TD 14 3/4" hole 7:30 PM 3/1/87 @ 370'.  
Ran 9 joints 11 3/4" 42# H40 ST&C set @ 370'. Cemented with 325 sacks class  
"C" 2% CACL2 1/4#/sack Celloflake. Plug down 12:30 AM 3/2/87. Circulated 110  
sacks to surface. Tested casing to 1000 psi for 30 minutes (OK). Total WOC  
before drill out = 15 hours. (compressive strength of cement in 12 hours =  
1000 psi.)

ACCEPTED FOR RECORD

*SSS*

MAR 30 1987

CARLSBAD, NEW MEXICO

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

SIGNED *Bruce A. Davis*

TITLE Staff Drilling Engineer

DATE 3-25-1987

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side