

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N.M. Oil C 3. Division
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 type="checkbox"/> Oil <input type="checkbox"/> Gas <input type="checkbox"/> Other	5. Lease Designation and Serial No. LC-031740-B
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) 1830' FSL & 2080' FWL UNIT S SEC.4, T21S, R36E	8. Well Name and No. 240
	9. API Well No. 30-025-29867
	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 SQUEEZE, 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/INJ EQPT. VERIFY PDTD @ 3925'. DUMP SAND TD-3770'. TAG SAND; DUMP SAND & FILL TO 3750'. SET CICR @ 3650', ESTAB INJ RATE. CMT SQZ ZONES 1 & 2 W/200 SX N2 CMT. DRILL OUT CICR & CMT TO 3740', PRESS TST SQZ 500 PSI. CLEAN OUT TO 3925'. PICKLE TBG @ 3650' W/500 GALS 15%. ACZ ENTIRE INTERVAL @ 3750' W/3000 GALS 15% RESISOL II. RIH W/INJ EQPT. PERFORM OCD MIT. RETURN WELL TO INJECTION.

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

Signed

Title

T. A.

Date

4/22/97

(This space for Federal or State Office use)

Approved by

(ORIG. SGD.) ALEXIS C. SWOBODA

Title

PETROLEUM ENGINEER

Date

APR 23 1997

Conditions of approval, if any: