

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPL
(Other instructions on re-
verse 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. P.O. BOX 670, HOBBS, NM 88240	8. FARM OR LEASE NAME
3. ADDRESS OF OPERATOR P.O. Box 670, Hobbs, New Mexico 88240	9. WELL NO. 240
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface Unit S, 1830' FSL and 2080' FWL	10. FIELD AND POOL, OR WILDCAT Eunice Monument G/SA
14. PERMIT NO.	11. SEC., T., R., M., OR BLK. AND SUBST. OR AREA Sec. 4, T21S, R36E
15. ELEVATIONS (Show whether DF, ST, CR, etc.) 3569.6'	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 <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) <u>csg & cmt</u>	(Other) <u>X</u>
(Other) <input 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.)

6-14-87 TD 7 7/8" hole, circ and condition, run logs, Circulate bottoms up.
Run 5 1/2" csg set at 3950, FC at 3925, 15 centralizers, Circ csg cap,
cmt w/ 400 sx C, Tail w/ 250 sx C, displaced w/93 bbl FW, bump plug w/1800psi,
circ 79 sx cmt, ND BOP, set slips, cut off csg, NU WH, jet pits, released rig
at 06:00AM.

ACCEPTED FOR RECORD

JUL 1 1987

CARLSBAD, NEW MEXICO

RECEIVED
JUN 30 10 45 AM '87
CARLSBAD RESOURCE
AREA HEADQUARTERS

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

SIGNED M. E. Abin TITLE STAFF DRILLING ENGINEER DATE JUNE 28, 1987

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

RECEIVED

JUL 2 1937

GED
HOLDS OFFICE