

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"/>		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
3. ADDRESS OF OPERATOR P.O. Box 670, Hobbs, New Mexico 88240		7. UNIT AGREEMENT NAME Funice Monument South Unit
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1780' FWL and 460' FNL		8. FARM OR LEASE NAME
14. PERMIT NO.		9. WELL NO. 182
15. ELEVATIONS (Show whether OF, XT, GR, etc.) 3536.0GL		10. FIELD AND POOL, OR WILDCAT Funice Monument G/SA
		11. SEC., T., R., M., OR BLK. AND SUBVY OR AREA Sec. 4, 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 COMPLETE	<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"/>		<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)	<input type="checkbox"/>		<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.)

5-31-87 MIRU rotary tools, spud 12 1/4" hole 5-31-87: 6-1-87, circulate, ru and run 8 5/8" 24#, K-55 csg, set at 1203', insert float at 1178, 3 centralizers. FS at 1202, circ 8 5/8" csg, cmt w/western w/800 sx C1 C, plug down at 9AM, circ 243 sx to pit, jet and clean pits, WOC, cut off 8 5/8" csg, weld on nat'l head, test to 800psi, NU BOP and tst to 2000psi, hydrill tested to 1500psi. csg to 1000psi as per Chevron specs.  
TWOC time 12 1/2 hrs.

ACCEPTED FOR RECORD

SJS

JUL 1 1987

CARLSBAD, NEW MEXICO

JUN 30 10 49 AM '87  
CARLSBAD RESOURCE  
AREA HEADQUARTERS

RECEIVED

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

SIGNED M. E. Akim 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 1987

ODD  
HODAS OFFICE