

Form 3160-5
(November 1983)
(Formerly 9-331)

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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. 182
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1780' FWL & 460' FNL	10. FIELD AND POOL, OR WILDCAT Eunice Monument G/SA
14. PERMIT NO.	11. SEC. T. R. M. OR BLK. AND SURVEY OR AREA Sec 4, T21S, R36E
15. ELEVATIONS (Show whether OF, RT, CR, etc.) 3536.0 GL	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 checked="" 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.)

TO CHANGE THE CASING AND CEMENT PROGRAM AS FOLLOWS:

SIZE OF HOLE/	SIZE OF CASING/	WEIGHT PER FOOT/	SETTING DEPTH/	SACKS OF CEMENT/	EST. TOP/
12 1/4" /	8 5/8" /	24# /	1350' /	800 /	surf. /
7 7/8" /	5 1/2" /	15.5# /	4300' /	500 /	surf. /

MUD PROGRAM:

0 - 1350' FW Spud
1350 - 4300' Brine Water Starch, 10ppg, 31 vis, 9ph.

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

SIGNED M. E. Abbin

TITLE Staff Drilling Engineer

DATE 5-8-87

(This space for Federal or State office use)

APPROVED BY Scott Adams

TITLE AREA MANAGER

DATE 5-12-87

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.