

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. <u>LC-031740-B</u>
2. NAME OF OPERATOR <u>Chevron U.S.A. Inc.</u>	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR <u>P.O. Box 670, Hobbs, New Mexico 88240</u>	7. UNIT AGREEMENT NAME <u>Eunice Monument S.Unit</u>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface <u>UnitC 560 FNL and 2015 FWL, Sec.18, T21S,R36E</u>	8. FARM OR LEASE NAME
14. PERMIT NO.	9. WELL NO. <u>371</u>
15. ELEVATIONS (Show whether OF, ST, CR, etc.) <u>3632</u>	10. FIELD AND POOL, OR WILDCAT <u>Eunice Monument G/SA</u>
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>Sec.18, T21S, R36E</u>
	12. COUNTY OR PARISH <u>Lea</u>
	13. STATE <u>NM</u>

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PCLL 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) <u>sqz, reperf, acidz</u>	<input checked="" 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"/>		

(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.)

It is proposed to squeeze off zones 1 & 2 (perfs 3952-4054) in order to shut off excessive water production.. Drill out squeeze to \pm 4045', circulate hole clean, test squeeze. Perforate the 5 1/2" csg w/4" guns, 1 SPF, 180° phasing at 4028' - 4040'. (12 holes) Spot 100 gallons 15% NEFE HCL across perfs 4028-4040. reverse excess acid into tubing, put spot acid away at 2000psi. Follow spot acid w/800 gallons 15% NEFE HCL dropping 8 1.1 SG RCNB's in the first 600 galalons of acid. Flush to bottom perf w/ CKF. Swab back acid residue and report results to production engineer. Remainder of procedure to follow based on swab results.

RECEIVED
MAR 3 12 22 PM '88
CARLE AREA
OFFICE

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

SIGNED M. E. Shrin TITLE Staff Drilling Engr. DATE March 1, 1988

(This space for Federal or State office use)

APPROVED BY Signed by District Manager TITLE DATE 3-15-88

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

REC'D 138

MAR 27 1989

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