

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIP
100 other instructions
verse side)

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. LC031740B	
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, NM 88240		7. UNIT AGREEMENT NAME Eunice Monument South Unit	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface Unit C, 560' FNL and 2015 FWL		8. FARM OR LEASE NAME	
14. PERMIT NO.		9. WELL NO. 371	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3632		10. FIELD AND POOL, OR WILDCAT Eunice Monument <u>GB</u> / San And	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 18, 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:

SUBSEQUENT REPORT OF:

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"/>		

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) <u>completion</u>			<input checked="" 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.)*

Tag cement at 3866'. Drill out hard cement from 3866 to PBTD of 4077', circulate clean. Run GR/CCL/CBL/CET. Perf w/4" guns 1 JHPF, 180° phase, 44 holes in zone 1 at 4010-4054. Acidize w/3200 gallons NEFE HCL. Swab, Perf w/4" guns 1 JHPF, 180° phased, 28 holes, in zone 1 at 3952-3960, 3966-3974, 3978-3990, Acidize perms w/2100 gallons 15% NEFE HCL. Swab, Run 2 7/8" production tubing to 4051'. Run pmp equipment. Test to 500psi, ok. Turn over to production. Work performed 9-15-87 through 9-20-87.

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

SIGNED M. E. Akim

TITLE Staff Drilling Engineer

DATE September 21, 1987

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

SJS

*See Instructions on Reverse Side

RECEIVED

OCT 30 1987

OCD
HOBBS OFFICE