

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE\*\*  
(Other instructions on reverse side)

20-025-30281  
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  GAS WELL  OTHER  Injector

2. NAME OF OPERATOR  
Chevron U.S.A. Inc.

3. ADDRESS OF OPERATOR  
P.O. Box 670, Hobbs, New Mexico 88240

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*  
See also space 17 below.)  
At surface  
Unit J, 1980' FEL and 1860' FSL

5. LEASE DESIGNATION AND SERIAL NO.  
LC-031740A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME  
Eunice Monument South

8. FARM OR LEASE NAME  
Unit

9. WELL NO.  
410

10. FIELD AND POOL, OR WILDCAT  
Eunice Monument G/SA

11. SEC. T., R., M., OR BLK. AND SURVEY OR AREA  
Sec. 18, T21S, R36E

12. COUNTY OR PARISH  
Lea

13. STATE  
NM

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, FT, GR, etc.)  
3629.9

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) completion <input checked="" 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.)\*

TD: 4208 PB: 4150 Work performed 4-25-88 through 5-2-88

MIRU. Drill out cement f/3934-4150' (PBDT). Displace w/ CBW. Log w/ GR-CCL-CBL-CET. Perf 4068-4080, 4098-4138 w/ 1 JHPF, 180° phase. Acidize perfs in zones 2 & 3 w/2500 gallons 15% NEFE HCL. Flush to bottom perf. Swab. Perf w/4" guns, 1 SPF, 180° phase, 22 holes in Zone 2, f/4020-4042. Acidize upper perfs in zone 2 w/1100 gallons 15% NEFE HCL w/33 1.1 RCNB's. Flush w/ CKF. Swab, perf w/ 4" guns, 1 SPF, 180° phase, 32 holes in zone 1 f/3968' to 4000'. Acidize perfs in zone 1 with 1500 gallons 15% NEFE HCL. Swab. GIH w/ 2 3/8" IPC tbg to 4050'. Load and test casing to 600psi, ok. Test inj. bonnet to 2500psi, ok. Turn over to production.

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

SIGNED M. E. Abbin TITLE Staff Drilling Engr. DATE May 3, 1988

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ ACCEPTED FOR RECORD  
CONDITIONS OF APPROVAL, IF ANY: \_\_\_\_\_ DATE \_\_\_\_\_

MAY 11 1988

\*See Instructions on Reverse Side

SJS  
CARLSBAD, NEW MEXICO

RECEIVED

MAY 16 1958

OOO  
HOBBS OFFICE