

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N.M. OIL CONS. COMMISSION
P. BOX 1980
HOLBROOK, NEW MEXICO 86240

Budget Bureau No. 1004-0135
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or deepen or reentry to a different reservoir.

Use "APPLICATION FOR PERMIT-" for such proposals

SUBMIT IN TRIPLICATE

1. Type of well
☒ Oil ☐ Gas ☐ Other

2. Name of Operator
CHEVRON U.S.A. INC.

3. Address and Telephone No. ATTN: NITA RICE
P. O. BOX 1150, MIDLAND, TX 79702

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
SEC 8, T21S, R36E
1220' FNL & 1220' FWL
UNIT D

5. Lease Designation and Serial No.
LC-031740-B

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation
EUNICE MONUMENT SOUTH UNIT

8. Well Name and No.
EMSU 679

9. API Well No.
30-025-31009

10. Field and Pool, or Exploratory Area
EUNICE MONUMENT

11. County or Parish, State
LEA, NM

CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

12	TYPE OF SUBMISSION	TYPE OF ACTION	
	☐ Notice of Intent	☐ Abandonment	☐ Change of Plane
	☒ Subsequent Report	☐ Recompletion	☐ New Construction
	☐ Final Abandonment Notice	☐ Plugging Back	☐ Non-Routine Fracturing
		☐ Casing Repair	☐ Water Shut-Off
		☐ Altering Casing	☐ Conversion to Injection
		☒ Other CO/ACDZ	☐ Dispose Water

Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimate 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.)

WORK STARTED 05/02/94.
MIRU PU. UNSTUCK RODS. CLEAN OUT FILL.
TAG BRIDGE @3955'. SOLID FILL @4064'. CIRC OUT FILL TO PBTD.
GIH W/PERF CLEAN TOOL & TBG. TREAT PERFS W/150 BBLS WTR,
W/1424 GALS MIX OF TOL/ISO ALCOHOL, W/4750 GALS 15% HCL. SWAB.
RD PU. TURN WELLOVER TO PRODUCTION 05/05/94.

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

Signed [Signature] Title TECHNICAL ASSISTANT Date 5/31/94
(This space for Federal or State office use)
Approved by _____ Title _____ Date _____
Conditions of approval, if any: