

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N.M. OIL CONS. COMMISSION
P.O. BOX 1150
MORRIS, NEW MEXICO 88240

FORM APPROVED
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	5. Lease Designation and Serial No. LC-031740-B
2. Name of Operator CHEVRON U.S.A. INC.	6. If Indian, Allottee or Tribe Name
3. Address and Telephone No. ATTN: NITA RICE P. O. BOX 1150, MIDLAND, TX 79702	7. If Unit or CA, Agreement Designation EUNICE MONUMENT SOUTH UNIT
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) SEC 8, T21S, R36E 1220' FNL & 1220' FWL UNIT D	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

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

WE PROPOSE TO:

MIRU PU, POH W/PROD TBG, NU BOP. CATCH SAMPLES OF FILL. PU PERFCLEAN TOOL.
TREAT PERFS W/25 GALS/FT PROD WATER. TREAT PERFS W/6.5 GALS/FT OF TOL/IPA MIXTURE.
FLUSH W/28 BBLS OF PROD WTR. TREAT PERFS W/21.69 GAL/FT OF ACID MIXTURE THROUGH
PERFCLEAN TOOL. BLEED PRESS OFF. FLUSH W/28 BBLS OF PROD WTR. SWAB BACK.
GIH W/PROD TBG, ND BOP, RD PU. TURN WELL OVER TO PRODUCTION.

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

Signed [Signature] Title

TECHNICAL ASSISTANT

Date 4/14/94

(This space for Federal or State office use)

Approved by JOE G. LARA

Title Petroleum Engineer

Date 5/4/94

Conditions of approval, if any:

RECEIVED

JUN 11 1967

U.S. DEPT. OF JUSTICE
OFFICE