

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N.M. Oil Co. Division
P.O. Box 1980
Hobbs, NM 88241

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

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

3. Address and Telephone No.
P. O. Box 1150, Midland, TX 79702 (915)687-7148

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
2650' FSL & 1630' FWL UNIT N
SEC. 4, T21S, R36E

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

6. If Indian, Allottee or Tribe Name
N/A

7. If Unit or C.A. Agreement Designation
EUNICE MONUMENT SOUTH UNIT

8. Well Name and No.
626

9. API Well No.
30-025-31465

10. Field and Pool, or Exploratory Area
EUNICE MONUMENT;GB-SA

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
	<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
	<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
	<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
		<input type="checkbox"/> Casing Repair
		<input type="checkbox"/> Altering Casing
		<input checked="" type="checkbox"/> Other SQZD PERFS
		<input type="checkbox"/> Change of Plans
		<input type="checkbox"/> New Construction
		<input type="checkbox"/> Non-Routine Fracturing
		<input type="checkbox"/> Water Shut-Off
		<input type="checkbox"/> Conversion to Injection
		<input type="checkbox"/> Dispose Water

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

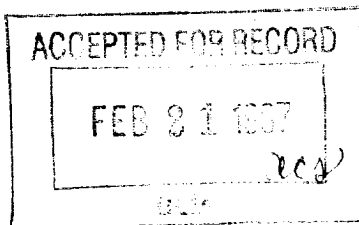
13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimate date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

POH W/ PROD EQPT. SPOTTED 2100# SD 3699'-3868'. SET CIRC @ 3585'; TEST 500#. PUMPED 175 SX CL "C". DRILLED CIRC & CMT TO 3700'. CIRC HOLE CLEAN, TEST SQZ 500#-OK. CLEANED OUT SAND & CMT TO 3868'. RIH W/TBG, PUMP & RODS. RETURNED WELL TO PRODUCTION.

WORK PERFORMED 12/2/96 - 12/9/96

*Sqzd 3641-3723
3727-3865 all open
7' J*

*rept from
J. K. Riple*



[Handwritten signature]

14. I hereby certify that the foregoing is true and correct.
Signed J. K. Riple Title T. A. Date 2/18/97
(This space for Federal or State office use)
Approved by _____ Title _____ Date _____
Conditions of approval, if any: _____