Submit 3 Copies to Appropriate District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240
DISTRICT II
P.O. Drawer Dd, Artesia, NM 88210
DISTRICT III
1000 Rio Brazos Rd., Aztec, Nm 87410

API NO. (assigned by OCD on New Wells) 30-025-06285

5. Indicate Type of Lease STATE [X] FEE [ ]

6. State Oil & Gas Lease No. 2616

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" (FORM C-101) FOR SUCH PROPOSALS.)

7. Lease Name or Unit Agreement Name: EUNICE MONUMENT SOUTH UNIT

1. Type of Well: OIL WELL [ ] GAS WELL [ ] OTHER INJECTOR

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

8. Well No. 128

3. Address of Operator: P.O. BOX 1150 MIDLAND, TX 79702 ATTN: WENDI KINGSTON

9. Pool name or Wildcat: EUNICE MONUMENT ~~SOUTH UNIT~~

4. Well Location
Unit Letter O : 660 Feet From The SOUTH Line and 1980 Feet From The EAST Line
Section 30 Township 20S Range 37E NMPM LEA County

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3540' DF

11 Check Appropriate Box to Indicate Nature of Notice Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK [ ]	PLUG AND ABANDON [ ]	REMEDIAL WORK [ ]	ALTER CASING [ ]
TEMPORARILY ABANDON [ ]	CHANGE PLANS [ ]	COMMENCE DRILLING OPNS. [ ]	PLUG AND ABAN. [ ]
PULL OR ALTER CASING [ ]		CASING TEST AND CMT JOB [ ]	
OTHER: INJECTOR STIM [ ]		OTHER: [X]	

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

MIRU, TAG TD.
ACDZ W/3500 GALS 15% NEFEA.
RDMO. TURN WELL OVER TO PRODUCTION 12/7/95.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Wendi Kingston TITLE TECH. ASSISTANT DATE: 12/20/95

TYPE OR PRINT NAME WENDI KINGSTON TELEPHONE NO. (915)687-7826

APPROVED BY _____ TITLE _____ DATE DEC 27 1995

CONDITIONS OF APPROVAL, IF ANY: