

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department
OIL CONSERVATION DIVISION
P.O. Box 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

Santa Fe, New Mexico 87504-2088

<p align="center">SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)</p>		API NO. (assigned by OCD on New Wells) 3C-025-31408
		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
1. Type of Well: OIL <input type="checkbox"/> GAS <input type="checkbox"/> WELL <input checked="" type="checkbox"/> WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		6. State Oil & Gas Lease No. N/A
2. Name of Operator CHEVRON U.S.A. INC.		7. Lease Name or Unit Agreement Name EUNICE MONUMENT SOUTH UNIT
3. Address of Operator P.O. BOX 1150 MIDLAND, TX 79702 ATTN: P.R. MATTHEWS		8. Well No. 624
4. Well Location Unit Letter R : 1410 Feet From Th EAST Line and 2580 Feet From The SOUTH Line Section 5 Township 21S Range 36E NMPM LEA County		8. Pool name or Wildcat EUNICE MONUMENT /GB
10. Elevation(Show whether DF, RKB, RT, GR, etc.) 3582 GE		

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTER CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABAN. <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>		CASING TEST AND CMT JOB <input type="checkbox"/>	
OTHER: _____ <input type="checkbox"/>		OTHER: ACID AND CO2 JOB <input checked="" type="checkbox"/>	

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, POOH WITH PRODUCTION EQUIP.
ACIDIZE GRAYBURG WITH 5000 GALS OF 28% NEFE AND 50 TONS OF CO2 FOAM.
FLOW WELL BACK, SWAB TEST.
RETURN TO PRODUCTION ON 5-5-92.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.
SIGNATURE P.R. Matthews TITLE TECH. ASSISTANT DATE: 5-6-92

TYPE OR PRINT NAME P.R. MATTHEWS TELEPHONE NO (915)687-7812

APPROVED BY _____ TITLE _____ DATE: MAY 12 '92

CONDITIONS OF APPROVAL, IF ANY: