

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy Minerals and Natural Resources Department

Form C-103  
Revised 1-1-89

DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

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

DISTRICT II  
P.O. Drawer DD, Aramis, NM 88210

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

WELL API NO.	30-025-04102
5. Indicate Type of Lease	STATE <input type="checkbox"/> FEZ <input type="checkbox"/>
6. State Oil & Gas Lease No.	

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	Northwest Eumont Unit
8. Well No.	159
9. Pool name or Wildcat	Eumont Y-SR-0

1. Type of Well:  
 OIL WELL  GAS WELL  OTHER WIW

2. Name of Operator  
Chevron U.S.A. Inc.

3. Address of Operator  
P.O. Box 670, Hobbs, NM 88240

4. Well Location  
 Unit Lease K : 1980 Feet From The South Line and 1980 Feet From The West Line  
 Section 34 Township 19S Range 36E NMPM Lea County

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

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"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>		CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: Locate csg leak, cmt sqz & Return to Water injection <input checked="" type="checkbox"/>		OTHER: <input 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.

IT IS PROPOSED TO:  
  
LOCATE CSG LEAKS  
CMT SQZ AS NECESSARY  
RETURN WELL TO WATER INJECTION

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

SIGNATURE M. E. Akins 8/17/90 TITLE Staff Drlg. Engr. DATE 8-17-90

TYPE OR PRINT NAME M. E. Akins TELEPHONE NO. 393-4121

(This space for State Use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE 10 21 1990

CONDITIONS OF APPROVAL, IF ANY: