

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, Artesia, NM 88210

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

|   |
|---|
| WELL API NO.<br>30-025-04218  |
| 5. Indicate Type of Lease<br>STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/> |
| 6. State Oil & Gas Lease No.  |
| 7. Lease Name or Unit Agreement Name<br>EUNICE Monument South Unit                                  |
| 8. Well No.<br>850  |
| 9. Pool name or Wildcat<br>EUNICE MONUMENT  |

**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.)

1. Type of Well:  
OIL WELL  GAS WELL  OTHER

2. Name of Operator  
Chevron USA Inc

3. Address of Operator  
P.O. Box 1150 Midland TX 79707 Attn: EDOHERTY Rm 4111

4. Well Location  
Unit Letter B : 330 Feet From The North Line and 1650 Feet From The East Line  
Section 11 Township 20S 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: <u>Perf</u> <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.

SELECTIVELY PERF GRAYBURG ZONE 4 & 5  
FORMER WELL NAME MARY J. BYRD.

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

SIGNATURE E.O. Doherty TITLE TA Delg DATE 2/21/91  
TYPE OR PRINT NAME E.O. DOHERTY TELEPHONE NO. 687-7812

(This space for State Use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY: