

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.  
30-025-04256

5. Indicate Type of Lease  
STATE  FEE

6. State Oil & Gas Lease No.  
N/A

7. Lease Name or Unit Agreement Name

EUNICE MONUMENT  
SOUTH UNIT - B

8. Well No. 869

9. Pool name or Wildcat  
EUNICE MONUMENT G/SA

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 U.S.A. INC.

3. Address of Operator  
P.O. BOX 1150 MIDLAND, TX 79702 ATTN: R. MATTHEWS

4. Well Location  
Unit Lener D : 660 Feet From The NORTH Line and 660 Feet From The WEST Line  
Section 13 Township ZOS Range 36E NMPM County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)  
3559 GR

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

NOTICE OF INTENTION TO:

- PERFORM REMEDIAL WORK
- TEMPORARILY ABANDON
- PULL OR ALTER CASING
- OTHER:
- PLUG AND ABANDON
- CHANGE PLANS

SUBSEQUENT REPORT OF:

- REMEDIAL WORK
- COMMENCE DRILLING OPNS.
- CASING TEST AND CEMENT JOB
- OTHER: Perf, LOG & ACDZ
- ALTERING CASING
- PLUG AND ABANDONMENT

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 W/PROD. EQUIP. CHANGE OUT WELLHEAD.  
TIT W/BIT & TBG. DRILL TO 3742, TOH  
LOGHOLE W/ CNL-CCL-GR.  
PERF 7" CASING W/4" GUNS, 2 JHPF, 180 DEG. PHSD AT 3703-3744  
70 Holes,  
ACDZ PERFS W/ 750 GALS OF 15% NEFR.  
SWAB / TEST  
RETURN TO PRODUCTION.

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

SIGNATURE Roy Matthews TITLE TECHNICAL ASSISTANT DATE 1-30-92

TYPE OR PRINT NAME \_\_\_\_\_ TELEPHONE NO. \_\_\_\_\_

(This space for State Use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE FEB 03 '92

CONDITIONS OF APPROVAL, IF ANY: \_\_\_\_\_