Submit 3 copies
to Appropriate
District Office

State of New Mexico

Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

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

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

**DISTRICT II**
P.O. Box Drawer DD, Artesia, NM 88210

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

| WELL API NO. |
|---|
| 30-025-04297 |

5. Indicate Type of Lease
STATE ☐    FEE ☐

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 DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMI (FORM C-101) FOR SUCH PROPOSALS.

7. Lease Name or Unit Agreement Name
**EUNICE MONUMENT SOUTH UNIT B**

1. Type of Well:   OIL WELL ✔   GAS WELL ☐   OTHER

8. Well No.
900

2. Name of Operator
**CHEVRON USA INC**

9. Pool Name or Wildcat
**GRAYBURG SAN ANDRES**

3. Address of Operator
15 SMITH ROAD, MIDLAND, TX 79705

4. Well Location

Unit Letter ___B___ : ___660___ Feet From The ___NORTH___ Line and ___1650___ Feet From The ___EAST___ Line

Section __23__    Township __20-S__    Range __36-E__    NMPM _____ LEA COUNTY

10. Elevation (Show whether DF, RKB, RT,GR, etc.)    3569' GL

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 ☐ | ALTERING CASING ☐ |
| TEMPORARILY ABANDON ☐ | CHANGE PLANS ☐ | COMMENCE DRILLING OPERATION ☐ | PLUG AND ABANDONMENT ☐ |
| PULL OR ALTER CASING ☐ | | CASING TEST AND CEMENT JOB ☐ | |
| OTHER: _____ UNDER-REAM ✔ | | OTHER: _____ ☐ | |

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.

CHEVRON U.S.A. INTENDS TO UNDER-REAM THE SUBJECT WELL AND RETURN TO PRODUCTION. THE INTENDED PROCEDURE AND THE WELL BORE DIAGRAM IS ATTACHED FOR APPROVAL.

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

SIGNATURE _Denise Leake_ TITLE **Regulatory Specialist**    DATE 4/11/2002

TYPE OR PRINT NAME    **Denise Leake**    Telephone No.    915-687-7375

(This space for State Use)

APPROVED
CONDITIONS OF APPROVAL, IF ANY:    TITLE

ORIGINAL SIGNED BY
PAUL F. KAUTZ
PETROLEUM ENGINEER

DATE APR 1 5 2002

DeSoto/Nichols 12-93 ver 1.0