

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease
State Fee
5. 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.)

OIL WELL GAS WELL OTHER
Name of Operator: **Chevron U.S.A. Inc.**
Address of Operator: **P.O. Box 670 Hobbs, NM 88240**
Location of Well: UNIT LETTER **F**, **1980** FEET FROM THE **North** LINE AND **1980** FEET FROM THE **West** LINE, SECTION **25** TOWNSHIP **20S** RANGE **36E** N.M.P.M.
7. Unit Agreement Name: **Eunice Monument South**
8. Farm or Lease Name: **Unit**
9. Well No.: **107**
10. Field and Pool, or Wildcat: **Eunice Monument GB/S**
11. Elevation (Show whether DF, RT, GR, etc.): **3558**
12. County: **Lea**

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

ORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
FORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>	
OTHER <input type="checkbox"/>		OTHER dpn, log, ardz <input checked="" type="checkbox"/>	

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.

Work performed 7-2-88 thru 7-8-88 TD:4058

POOH w/production equipment. Establish circulation w/air/foam. Drilling f/3850 to 4058'. Circ hole clean. Run CNL-CCL-GR, TIH w/production tby (2 7/8" 6.5#, J-55) to 4057. Turn over to production.

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

A. Elmsel TITLE Drlg. Tech. Asst. DATE July 12, 1988

ORIGINAL SIGNATURE AND POSITION

APPROVED BY: _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: