

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department
OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240
DISTRICT II
P.O. Drawer Dd, Artesia, NM 88210
DISTRICT III
1000 Rio Brazos Rd., Aztec, Nm 87410

API NO. (assigned by OCD on New Wells) 30-025-04321
6. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. N/A

SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)		7. Lease Name or Unit Agreement Name EUNICE MONUMENT SOUTH UNIT
1. Type of Well: OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER INJECTOR	8. Well No. 104 WAC	
2. Name of Operator CHEVRON U.S.A. INC.	9. Pool name or Wildcat EUNICE MONUMENT GB-SA	
3. Address of Operator P.O. BOX 1150 MIDLAND, TX 79702 ATTN: NITA RICE		
4. Well Location Unit Letter C : 660 Feet From The NORTH Line and 1980 Feet From The WEST Line Section 25 Township 20 SOUTH Range 36 EAST NMPM LEA County	10. Elevation(Show whether DF, RKB, RT, GR, etc.) 3553 GE	

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"/>	ALTER CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABAN. <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>		CASING TEST AND CMT JOB <input type="checkbox"/>	<i>Repair Cog leak +</i>
OTHER: _____ <input type="checkbox"/>		OTHER: CONVERTED TO INJECTOR	<input checked="" type="checkbox"/>

R-7766

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.

WORK PERFORMED 9-14/92 TO 9/22/92

LOAD HOLE W/160 BBLs CBW, CLEAN OUT FILL TO 4050'. TST 2-3/8 TBG TO 3500 PSI, ACDZ PERFS 3724-3830 & OH 3850-4053 W/3000 GALS 15% NEFE HCL & 750 GALS X-LINK 10# BW. SWAB BACK LOAD. UNABLE TO PRESSURE UP. ISOLATE CSG LEAK 1010 TO 1025'. SET RBP @ 2015, DROP 2 SX SD ON TOP. PMP 131 SX CL-C NEAT CMT, CIRC OUT ANNULUS. DRL CMT 844-1015, CIRC CLEAN. TST CSG TO 450 PSI, OK. PRES UP BACKSIDE ON 5-1/2 ANN TO 400 PSI, HELD OK. PMP PKR FLU, ND BOP & NU INJ TREE & RUN CSG INTEGRITY TST 320 PSI F/30 MINS, OK. WELL CONVERTED TO INJECTION.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.
SIGNATURE *Nita Rice* TITLE TECHNICAL ASSISTANT DATE: 10/2/92

TYPE OR PRINT NAME NITA RICE TELEPHONE NO. (915)687-7436

APPROVED BY *[Signature]* TITLE _____ DATE OCT 08 1992

CONDITIONS OF APPROVAL, IF ANY:

C Sw B N

E

RECEIVED

JUN 07 1992

300 HOBBS AVENUE