

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Enr. 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, Aramis, NM 88210

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

WELL API NO.	30-025-04325	
5. Indicate Type of Lease	STATE <input type="checkbox"/>	FEE <input checked="" type="checkbox"/>
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 A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)			
1. Type of Well: OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <u>Injector</u>	7. Lease Name or Unit Agreement Name Eunice Monument South Unit		
2. Name of Operator Chevron U.S.A. Inc.	8. Well No. <u>124 WE</u>		
3. Address of Operator P.O. Box 670, Hobbs, NM 88240	9. Pool name or Wildcat Eunice Monument G-SA		
4. Well Location Unit Corner <u>0</u> : <u>660</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>East</u> Line. Section <u>25</u> Township <u>20S</u> Range <u>36E</u> NMPM Lea County	10. Elevation (Show whether DF, RKB, RT, GR, etc.) <u>3546'</u>		

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: _____ <input type="checkbox"/>		Deepen 125' exposing Grayburg Zone 4&5 <input checked="" 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.

MIRU PU, TOH W/ 2 3/8" IPC TBG & PKR  
TIH W/ 4 3/4" BIT & WS, ESTABLISH CIRC W/ FOAM UNIT  
C/O FILL FROM 3890' - 3910'  
DRLG 4 3/4" HOLE F 3910 TO 4035', CIRC CLEAN  
TIH W/ 2 3/8" IPC TBG & PKR TSTG TO 3000 PSI  
SET PKR @ 3652 TEST TBG/CSG ANNULUS TO 600 PSI/30 MIN OK  
RETURN WELL TO INJECTION.

WORK STARTED 5-17-90 WORK ENDED 5-22-90

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

SIGNATURE T.M. Bealesio TITLE Drlg. Engr. DATE 6-15-90

TYPE OR PRINT NAME T. M. Bealesio TELEPHONE NO 393-4121

(This space for State Use)  
ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I SUPERVISOR

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE JUN 19 1990

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

RECEIVED

JUN 18 1990

OCD  
HOBBS OFFICE