

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) 30-025-04428
6. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. 002616
7. Lease Name or Unit Agreement Name EUNICE MONUMENT SOUTH UNIT
8. Well No. 142
9. Pool name or Wildcat EUNICE MONUMENT G/SA
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3547' GL

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>
2. Name of Operator CHEVRON U.S.A. INC.
3. Address of Operator P.O. BOX 1150 MIDLAND, TX 79702 ATTN: WENDI KINGSTON
4. Well Location Unit Letter _____ : _____ 1980 Feet From The _____ NORTH Line and _____ 660 Feet From The _____ WEST Line Section 36 Township 20S Range 36E NMPM LEA County
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3547' GL

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

NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> OTHER: _____ <input type="checkbox"/>	SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> CASING TEST AND CMT JOB <input type="checkbox"/> OTHER: <u>ADD PERF & ACDZ</u> <input checked="" type="checkbox"/>	<input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> ALTER CASING <input type="checkbox"/> PLUG AND ABAN.
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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 7/20/95. PERF F/3725'-4068'. ACDZ PERFS W/8000 GALS 15% ACID.
RIH W/2 3/8" TBG TO 4000'. RD MO.
TURN WELL OVER TO PRODUCTION 07/26/95.

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

SIGNATURE [Signature] TITLE TECH. ASSISTANT DATE: 08/4/95

TYPE OR PRINT NAME WENDI KINGSTON TELEPHONE NO. (915)687-7826

APPROVED BY _____ TITLE _____ DATE 08/03/95

CONDITIONS OF APPROVAL, IF ANY: _____