

Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, 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, Artesia, NM 88210

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

WELL API NO. 30-025-12542
5. Indicate Type of Lease STATE [X] 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 A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well: OIL WELL [ ] GAS WELL [ ] OTHER Injection Well

2. Name of Operator Chevron U.S.A. Inc.

3. Address of Operator P.O. Box 1150, Midland, Texas 79702

4. Well Location Unit Letter E : 1980 Feet From The North Line and 680 660 Feet From The West Line Section 13 Township 20S Range 36E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3562' GR

7. Lease Name or Unit Agreement Name Eunice Monument South Unit B
8. Well No. 879
9. Pool name or Wildcat Eunice Monument GB/SA

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data
NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK [ ] PLUG AND ABANDON [ ] TEMPORARILY ABANDON [ ] CHANGE PLANS [ ] PULL OR ALTER CASING [ ] OTHER: [ ]
SUBSEQUENT REPORT OF: REMEDIAL WORK [ ] ALTERING CASING [ ] COMMENCE DRILLING OPNS. [ ] PLUG AND ABANDONMENT [ ] CASING TEST AND CEMENT JOB [ ] OTHER: Initial report or injection rates and Pressures [X]

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.

Filed to correct C-103 dated 4-2-91

4/4/91 Injection rate after 1 day of injection was 500 bbls/day water, and injection pressure was 0 psi. Well is on a vacuum.

I hereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE [Signature] D. M. Bohon TITLE Technical Assistant DATE 4/10/91

(This space for State Use) APPROVED BY TITLE DATE TELEPHONE NO. CONDITIONS OF APPROVAL, IF ANY: