

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

Form C-103  
 Revised 10-1-73

|                        |  |
|------------------------|--|
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| 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- Injector

Name of Operator Chevron U.S.A. Inc. 7. Unit Agreement Name Eunice Monument S. Unit

Address of Operator P.O. Box 670 Hobbs, NM 88240 8. Farm or Lease Name

Category of Well 144 9. Well No.

UNIT LETTER G 1980 FEET FROM THE North LINE AND 1980 FEET FROM Eunice Monument G/SA

THE East LINE, SECTION 36 TOWNSHIP 20S RANGE 36E NMPM.

15. Elevation (Show whether DF, RT, GR, etc.) 3550 12. County Lea

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

|  |   |  |   |
|--|---|--|---|
| DRILL REMEDIAL WORK <input type="checkbox"/> | PLUG AND ABANDON <input type="checkbox"/>                             | REMEDIAL WORK <input type="checkbox"/>               | ALTERING CASING <input type="checkbox"/>      |
| FORABLY 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 checked="" type="checkbox"/> <u>dr, log, perf, acidz</u> | CASING TEST AND CEMENT JOBS <input 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 1102.

It is proposed to deepen the subject well from the current TD of 3850' to new TD of 4036'. Run log. Evaluate for perfs and perf if necessary. Acidize w/15% NEFE HCL. Swab residue. TIH w/injection pkr on 2 3/8" IPC tubing, pmp annular capacity down backside w/pkr fluid. ND BOP, NU injection wellhead and valve. Tst annulus to 600psi f/30 min. Test injection head void to 2500psi. RD MO PU.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.  
M. E. Abim TITLE: Staff Drilling Engineer DATE: February 8, 1988

ORIGINAL SIGNED BY JERRY SEXTON  
 DISTRICT I SUPERVISOR  
 TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_  
 CONDITIONS OF APPROVAL, IF ANY: \_\_\_\_\_