

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 88241-1980

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

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

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO.	30-025-12544
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name	EUNICE MONUMENT SOUTH UNIT
8. Well No.	139
9. Pool name or Wildcat	EUNICE MONUMENT; GRAYBURG-SAN ANDRES
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	

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

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

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

4. Well Location
Unit Letter B : 660 Feet From The NORTH Line and 1980 Feet From The EAST Line
Section 36 Township 20S Range 36E NMPM LEA County

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

NOTICE OF INTENTION TO:

- PERFORM REMEDIAL WORK
- TEMPORARILY ABANDON
- PULL OR ALTER CASING
- OTHER: _____
- PLUG AND ABANDON
- CHANGE PLANS

SUBSEQUENT REPORT OF:

- REMEDIAL WORK
- COMMENCE DRILLING OPNS.
- CASING TEST AND CEMENT JOB
- OTHER: _____
- ALTERING CASING
- PLUG AND ABANDONMENT

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.

POH W/PROD EQPT. PERF 3804-20', 3828-46' W/4 JHPF. ACZD 3804'-3846' W/3000 GALS RESISTOL 11, 150 RCNB'S, 1000# GRS. SWAB. RIH W/TBG, PUMP & RODS; TST TBG 500#-OK. RETURN WELL TO PRODUCTION.

WORK PERFORMED 6/6/96 - 6/11-96

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

SIGNATURE J.K. Ripley TITLE TECHNICAL ASSISTANT DATE 7/2/96

TYPE OR PRINT NAME J. K. RIPLEY TELEPHONE NO. (915)687-7148

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE JUL 8 1996

CONDITIONS OF APPROVAL, IF ANY:

