

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

**OIL CONSERVATION DIVISION**  
P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

WELL API NO.
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Eunice Monument South Unit
8. Well No. 118
9. Pool name or Wildcat Eunice Monument GB/SA
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3535.7

**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 ☐ Injector

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

3. Address of Operator  
P.O. Box 670, Hobbs, NM 88240

4. Well Location  
Unit Letter I : 1980 Feet From The South Line and 560 Feet From The East Line

Section 25 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 ☐ 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: Perf/Acdz ☒

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.

Work performed 2-8-89 thru 2-11-89

TOH w/ 2 3/8" IPC & pkr. TIH, tag at 4030'. Perf 4020-24, 4006-10, 3992-96, w/4" guns, 2 JHPF, 180° phase. Acidize perfs w/2300 gallons 15% NEFE HCL. Swab back. TIH w/inj. pkr. and (2 3/8" IPC tbg to 3684') tbg, test AS to 400psi. Displace annulus w/ Chevron packer fluid. Set pkr at 3684'. ND BOP, NU WH. Tst csg and pkr to 600psi for 30 min., ok.

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

SIGNATURE L. L. Elmer TITLE Technical Assistant DATE 2-17-89

TYPE OR PRINT NAME

TELEPHONE NO.

(This space for State Use)

**ORIGINAL SIGNED BY JERRY SEXTON**

APPROVED BY DISTRICT I SUPERVISOR TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

**FEB 23 1989**

RECEIVED

FEB 22 1989

OCD  
HOBBS OFFICE