

DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

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

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

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

|                              |                                                                        |
|------------------------------|------------------------------------------------------------------------|
| WELL API NO.                 | 30-025-04661                                                           |
| 5. Indicate Type of Lease    | STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> |
| 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 ☐

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 C : 660 Feet From The North Line and 1980 Feet From The West Line  
Section 16 Township 21S Range 36E NMPM Lea County

7. Lease Name or Unit Agreement Name

Eunice Monument South Unit

8. Well No.  
363

9. Pool name or Wildcat  
Eunice Monument G-SA

10. Elevation (Show whether DF, RKB, RT, GR, etc.)  
3599' GL

|                                                                               |                                                                                |
|-------------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| 11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data |                                                                                |
| NOTICE OF INTENTION TO:                                                       | SUBSEQUENT REPORT OF:                                                          |
| PERFORM REMEDIAL WORK <input type="checkbox"/>                                | REMEDIAL WORK <input type="checkbox"/>                                         |
| TEMPORARILY ABANDON <input type="checkbox"/>                                  | ALTERING CASING <input type="checkbox"/>                                       |
| PULL OR ALTER CASING <input type="checkbox"/>                                 | COMMENCE DRILLING OPNS. <input type="checkbox"/>                               |
| OTHER: <input type="checkbox"/>                                               | PLUG AND ABANDONMENT <input type="checkbox"/>                                  |
|                                                                               | CASING TEST AND CEMENT JOB <input type="checkbox"/>                            |
|                                                                               | OTHER: Swb tst, respase straddle pkr assy. <input checked="" type="checkbox"/> |

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 PU, PULL RODS & TBG, SWB PERFS 3646-3684 NO FLUID ENTRY, 1 1/2 HR SWB TEST REC'D 8 BW, TIH W/ DUAL TAM INFLATABLE PKRS SET PKRS @ 3728-35 & 3892-99 W/1200 PSI DIFFERENTIAL TEST PKRS W/6K TENSION & COMPRESSION OK SWB 15 BW EFL-3700 RECHECK PKRS STILL SET OK REL ON/OFF TOOL TOH TIH W/2 3/8" PROD TBG TAC @ 3486 SN @ 3694 EOT @ 3727 NUWH TIH W/ PUMP & RODS CHECK PUMP ACTION TO 500 PSI OK RDMO PU TURN OVER TO PRODUCTION.

WORK STARTED 5-28-90 WORK ENDED 6-3-90

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

SIGNATURE M. E. Akins 6/7/90 TITLE Staff Drlg. Engr. DATE 6-5-90

TYPE OR PRINT NAME M. E. Akins TELEPHONE NO. 393-4121

(This space for State Use)  
ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I SUPERVISOR

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE JUN 08 1990

CONDITIONS OF APPROVAL, IF ANY: