Submit 5 Copies to Appropriate District Offices

## **State of New Mexico** Energy Minerals and Natural Resources Departme.

Form C-103 Revised 1-1-89

DISTRICT

ELL ADINO		 
ELL API NO.		

(DO NOT USE THIS FORM FOR PR DIFFERENT RESER	IVOIR. USE "APPLICATION FOR F	il, Room 206 ico 87503 ELLS PEN OR PLUG BACK TO A	WELL API NO. 30-025-34849 5. Indicate Type 6. State Oil & G 7. Lease Name of EUNICE MC	of Lease STATE FEE X		
1. Type of Well: OIL WELL X GAS WELL	OTHER		UNIT			
2. Name of Operator CHEVRON U.S.A., INC.			8. Well No. 709			
3. Address of Operator P. O. BOX 1150 MIDLAND, TX 79702			9. Pool name or Wildcat EUNICE MONUMENT;GRAYBURG-SA			
4. Well Location Unit Letter K: 1330 Feet From The SOUTH Line and 2421 Feet From The WEST Line						
Section 10	Township 21S R	ange 36E N	IMPM LEA	County		
	10. Elevation (Show who 3574'	ether DF, RKB, RT, GR, etc.)				
11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data						
NOTICE OF INTENTION TO:			SEQUENT F	REPORT OF:		
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK		ALTERING CASING		
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	OPNS. X	PLUG AND ABANDON		
PULL OR ALTER CASING		CASING TEST AND CEN	MENT JOB			
OTHER:		OTHER:				
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.						
SPUDDED 12-1/4" HOLE 3/8/00. DRILLED TO 500', SET 9-5/8" CSG. CMTD W/350 SX CL "C", CIRC TO SURF. DRILLED TO 3930', SET 7" CSG @ 3929'. CMTD W/825 SX CL "C", CIRC TO SURF.						
I hereby certify that the information above is tr	ye and complete to the best of my knowledg	e and belief.				
SIGNATURE J.K. KIP	ly	TITLE REGULATORY O.	Α.	DATE 04/26/2000		
TYPE OR PRINT NAME J. K. RIPLEY TELEPHONE NO. (915)687-7148						
(This space for State Use)						