

Submit 3 Copies To Appropriate District
Office
District I
1625 N. French Dr., Hobbs, NM 87240
District II
811 South First, Artesia, NM 87210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
2040 South Pacheco, Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION

2040 South Pacheco
Santa Fe, NM 87505

Form C-103
Revised March 25, 1999

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.)		WELL API NO. 30-025-06297
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other INJECTOR		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator Chevron U.S.A. Inc.		6. State Oil & Gas Lease No.
3. Address of Operator P.O. Box 1150 Midland, TX 79702		7. Lease Name or Unit Agreement Name: EUNICE MONUMENT SOUTH UNIT
4. Well Location Unit Letter M : 660 feet from the SOUTH line and 660 feet from the WEST line Section 31 Township 20S Range 37E NMPM County LEA		8. Well No. 170
10. Elevation (Show whether DR, RKB, RT, GR, etc.) 3537'		9. Pool name or Wildcat EUNICE MONUMENT; GRAYBURG-SAN ANDRES

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPLETION <input type="checkbox"/> OTHER: <input type="checkbox"/>	SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> PLUG AND ABANDONMENT <input type="checkbox"/> CASING TEST AND CEMENT JOB <input type="checkbox"/> OTHER: CLEANED OUT, ACZD <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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation.

WASHED THRU OH & PERFS 3700'-3950'; MADE 2 PASSES, CIRC 2 TIMES BOTTOMS UP. PPD FOAM DOWN BACKSIDE, WHEN FOAM REACHED 3700', STARTED PPG ACID. ACZD 3702'-3950' W/2400 GALS 15% NEFE HCL. SI WELL 30 MIN TO LET ACID SPEND. FLOWED DOWN; JETTED WELL W/M2. RETURNED WELL TO INJECTION.

WORK PERFORMED 11/30/99

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

SIGNATURE J. K. Ripley TITLE REGULATORY O.A. DATE 1/27/00

Type or print name J. K. RIPLEY

Telephone No. (915) 687-7148

(This space for State use)

APPROVED BY _____ TITLE _____ DATE _____
Conditions of approval, if any: