

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

OIL CONSERVATION DIVISION

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

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

WELL API NO.
30-025-04698

5. Indicate Type of Lease
STATE FEE

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

EUNICE MONUMENT
South Unit

8. Well No.
379

9. Pool name or Wildcat
EUNICE MONUMENT G/SA

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 USA INC

3. Address of Operator
P.O. Box 1150 Midland TX 79707 Rm 4111

4. Well Location
Unit Letter G : 2310 Feet From The North Line and 2310 Feet From The East Line
Section 17 Township 21S Range 36E NMPM LEA County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3632' GR

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
- OTHER:

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.

MIRU R114 w/ 2 3/8" OPEN ENDED Pump 3000# 20/40 SD @ 2066/s
wtr. TAG fill @ 3954' by w/L. TIH SET pka @ 3897' pump 300 gals
15% NEFE Pump polymer job shut well in for 48 HRS. Swab TIH
TAG fill @ 3954' Bail fill fl 3954'-4095'. Run production Equip. Turn
over to production. work started 4/16/91
ENDED 4/26/91

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

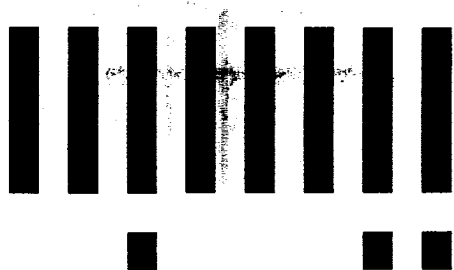
SIGNATURE E.O. Doherty TITLE T.A. Delg DATE 4/29/91
TYPE OR PRINT NAME E.O. Doherty TELEPHONE NO. 687-7812

(This space for State Use)

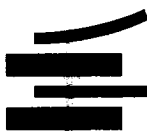
Checked by
Paul Kautz
Geologist

APPROVED BY TITLE DATE

CONDITIONS OF APPROVAL, IF ANY:



LTR



Job separation sheet

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

WELL API NO. 98
30-025-046

5. Indicate Type of Lease
STATE FEE

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
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(FORM C-101) FOR SUCH PROPOSALS.)

7. Lease Name or Unit Agreement Name

1. Type of Well:
OIL WELL GAS WELL OTHER

EUNICE MONUMENT South Unit

2. Name of Operator
CHEVRON USA

8. Well No.
379

3. Address of Operator
P.O. Box 1150 Midland TX 79707 Rm 4111 ATTN: E.D. DOHERTY

9. Pool name or Wildcat Eunice Monument
Grayburg - SA

4. Well Location
Unit Letter G : 2310 Feet From The North Line and 2310 Feet From The East Line
Section 17 Township 21S Range 36E NMPM LEA County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3632' GR

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"/> | PLUG AND ABANDON <input type="checkbox"/> | REMEDIAL WORK <input type="checkbox"/> | ALTERING CASING <input type="checkbox"/> |
| TEMPORARILY ABANDON <input type="checkbox"/> | CHANGE PLANS <input type="checkbox"/> | COMMENCE DRILLING OPNS. <input type="checkbox"/> | PLUG AND ABANDONMENT <input type="checkbox"/> |
| PULL OR ALTER CASING <input type="checkbox"/> | | CASING TEST AND CEMENT JOB <input type="checkbox"/> | |
| OTHER: <input type="checkbox"/> | | OTHER: <input 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.

Plug back OH to 3950' w/SAND POLYMER 592 ZONE. If
polymer fail cmt 592 ZONE.

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

SIGNATURE E.O. Doherty TITLE T.A. Delg DATE 2/21/91

TYPE OR PRINT NAME E.O. DOHERTY TELEPHONE NO.

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: