

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-103  
Revised 10-1-77

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DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease  
State  Fee   
5. 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 - 1" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- <u>Water Injector</u>	7. Unit Agreement Name <u>Eunice Monument South Unit</u>
2. Name of Operator <u>Chevron U.S.A. Inc.</u>	8. Farm or Lease Name
3. Address of Operator <u>P.O. Box 670 Hobbs, NM 88240</u>	9. Well No. <u>183</u>
4. Location of Well UNIT LETTER <u>D</u> <sup>660</sup> <u>641</u> FEET FROM THE <u>North</u> LINE AND <u>660</u> FEET FROM THE <u>West</u> LINE, SECTION <u>4</u> TOWNSHIP <u>21S</u> RANGE <u>36E</u> NMPM.	10. Field and Pool, or Wildcat <u>Eunice Monument</u>
15. Elevation (Show whether DF, RT, GR, etc.) <u>3547' GL</u>	12. County <u>Lea</u>

16. 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

PLUG AND ABANDON   
CHANGE PLANS

OTHER Convert to Injector

SUBSEQUENT REPORT OF:

REMEDIAL WORK   
COMMENCE DRILLING OPNS.   
CASING TEST AND CEMENT JOBS

ALTERING CASING   
PLUG AND ABANDONMENT

OTHER \_\_\_\_\_

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1703.

Clean out well. Acidize as necessary. Equip well for injection. Test tubing, packer, and casing to 500 psi for 30 minutes. Place well on injection.

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

SIGNED P. H. Bullock

TITLE Division Drilling Manager DATE 4-8-1986

APPROVED BY ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT 1 SUPERVISOR  
CONDITIONS OF APPROVAL, IF ANY:

TITLE \_\_\_\_\_ DATE APR 10 1986

RECEIVED  
APR 9 1986  
C.C.O  
HOEBS OFFICE