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# OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-103  
Revised 10-1-73

|                                |                                         |
|--------------------------------|-----------------------------------------|
| 5a. Indicate Type of Lease     |                                         |
| State <input type="checkbox"/> | Fee <input checked="" type="checkbox"/> |
| 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 -" (FORM C-101) FOR SUCH PROPOSALS.)

|                                                                                                                                                                                                |                                                        |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> OIL WELL<br><input type="checkbox"/> GAS WELL<br><input type="checkbox"/> OTHER- <u>W/W</u>                                                                           | 7. Unit Agreement Name<br>Eunice Monument South Unit   |
| Name of Operator<br>Chevron U.S.A. Inc.                                                                                                                                                        | 8. Farm or Lease Name<br>Eunice Monument South Unit    |
| Address of Operator<br>P. O. Box 670, Hobbs, NM 88240                                                                                                                                          | 9. Well No. <u>406</u>                                 |
| Location of Well<br>IT LETTER <u>J</u> <u>1670</u> FEET FROM THE <u>South</u> LINE AND <u>1650</u> FEET FROM<br><u>East</u> LINE, SECTION <u>17</u> TOWNSHIP <u>21S</u> RANGE <u>36E</u> NMPM. | 10. Field and Pool, or Wildcat<br>Eunice Monument G-SA |
| 15. Elevation (Show whether DF, RT, GR, etc.)                                                                                                                                                  | 12. County<br>Lea                                      |

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

### NOTICE OF INTENTION TO:

|                                                                                                                                                              |                                                                                    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| <input type="checkbox"/> REMEDIAL WORK<br><input type="checkbox"/> PARTIALLY ABANDON<br><input type="checkbox"/> ALTER CASING<br><input type="checkbox"/> CP | <input type="checkbox"/> PLUG AND ABANDON<br><input type="checkbox"/> CHANGE PLANS |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|

### SUBSEQUENT REPORT OF:

|                                                                                                                                                                                                                                        |                                                                                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <input type="checkbox"/> REMEDIAL WORK<br><input type="checkbox"/> COMMENCE DRILLING OPNS.<br><input type="checkbox"/> CASING TEST AND CEMENT JOB<br><input checked="" type="checkbox"/> OTHER <u>inspected for csg risers to surf</u> | <input type="checkbox"/> ALTERING CASING<br><input type="checkbox"/> PLUG AND ABANDONMENT |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|

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.

Risers have been inspected by OCD personnel.

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

Jerry Sexton TITLE New Mexico Area Supt. DATE 2-27-89

ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT 1 SUPERVISOR

TITLE DATE MAR 9 1989

COPIES OF APPROVAL, IF ANY:

RECEIVED  
MAR 3 1987  
OCD  
HOBBS OFFICE