Submit 3 copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

DISTRICT I

P.O. Box 1980, Hobbs, NM 88240

DISTRICT II

P.O. Box Drawer DD. Artesia. NM 88210

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OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

WELL API NO

5. Indicate Type of Lease

30-025-34849

	STATE FEE		
STRICT III	6. State Oil / Gas Lease No.		
000 Rio Brazos Rd., Aztec, NM 87410	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	7. Lease Name or Unit Agreement Name		
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMI			
(FORM C-101) FOR SUCH PROPOSALS.	EUNICE MONUMENT SOUTH UNIT		
Type of Well: OIL GAS WELL OTHER			
Name of Operator	8. Well No.		
CHEVRON USA INC	709		
Address of Operator 15 SMITH ROAD, MIDLAND, TX 79705	9. Pool Name or Wildcat		
13 SIMITI ROAD, IMIDEAND, 1X 79705	EUNICE MONUMENT GRAYBURG		
Well Location			
Unit Letter K: 1330' Feet From The SOUTH Line and 2421'	Feet From The WEST Line		
Section 10 Township 21-S Range 36-E NM	IPMLEA_ COUNTY		
10. Elevation (Show whether DF, RKB, RT,GR, etc.)			

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:		
PERFORM REMEDIAL WORK	PLUG AND ABANDON		REMEDIAL WORK ALTERING CASING	
TEMPORARILY ABANDON	CHANGE PLANS		COMMENCE DRILLING OPERATION PLUG AND ABANDONMENT	
PULL OR ALTER CASING			CASING TEST AND CEMENT JOB	
OTHER:			OTHER: C/O, ADD PERFS & ACIDIZE	V

3574' GL

6-02-03: MIRU. REL TAC. TAG PBTD @ 3900. PUH TO 3720'.

6-03-03: PERF 3792-3814 & 3820-34'. TIH W/PKR & SET @ 3700. SPOT 1000 GALS 15% HCL. SET TOOLS. TREAT PERFS 3864-3876. SPOT 1000 GALS 15% HCL. SET TOOLS. TRT PERFS 3846-3858. SPOT ACID TO END OT TBG. SET PKR. TRT PERFS 3820-3834 W/2000 GALS 15% HCL. SPOT ACID TO END OG TBG. SET PKR. TRT PERFS 3792-3814' W/2000 GALS 15% HCL. PUH. SET BTM PKR @ 3735.

6-04-03: REL PKR. TIH W/GAS SEPR, SN, & 2 7/8" TBG.

6-05-03: PU PMP & RDS. HANG WELL ON. RIG DOWN. TURN WELL OVER TO PRODUCTION.

FINAL REPORT

I hereby certify that the information above is to	s true and complete whe best of my knowledge and b	and belief.	Regulatory Specialist	DATE 6/9/2003	
TYPE OR PRINT NAME	Denise Leake			Telephone No.	915-687-7375
(This space for State Us)	1/1/2006				

CONDITIONS OF APPROYAL, IF ANY: TITLE OC FIELD REPRESENTATIVE II/STAFF MANAGERE

JUN 1 7 2003

DeSoto/Nichols 12-93 ver 1.0

^{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.