

DISTRICT I

P.O. Box 1980, Hobbs, NM 88240

DISTRICT II

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

DISTRICT III

1000 Rio Brazos Rd., Aztec, NM 87410

**OIL CONSERVATION DIVISION**

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

WELL API NO.

30-025-34825

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  
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMI  
(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  
15 SMITH ROAD, MIDLAND, TX 79705

4. Well Location

Unit Letter N : 1170' Feet From The SOUTH Line and 1425' Feet From The WEST Line

Section 10 Township 21-S Range 36-E NMPM LEA COUNTY

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3573' GL

7. Lease Name or Unit Agreement Name  
EUNICE MONUMENT SOUTH UNIT

8. Well No.  
710

9. Pool Name or Wildcat  
EUNICE MONUMENT GRAYBURG

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

**NOTICE OF INTENTION TO:**

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐  
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐  
PULL OR ALTER CASING ☐  
OTHER: ☐

**SUBSEQUENT REPORT OF:**

REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPERATION ☐ PLUG AND ABANDONMENT ☐  
CASING TEST AND CEMENT JOB ☐  
OTHER: ☒ PERF & ACIDIZE

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.

6-25-03: MIRU. TAG PBTD @ 3911'.

6-26-03: SET CIRC @ 3800. TEST CSG & SQZD PERFS TO 500 PSI-OK. STING INTO CIRC.

6-27-03: MIX & PUMP 150 SX CL C CMT. SQUEEZE PERFS 3823-3899 TO 1500 PSI. STING OUT OF CIRC. REV CIRC OUT 11 BBLS CMT.

6-30-03: PERF 3756-64, 3770-80, 3784-88, 3790-96. TIH W/PKR & SET @ 3689'. TREAT PERFS W/3000 GALS 15% HCL. RU SWAB.

7-01-03: SWABBING.

7-02-03: REL PKR. RIG DOWN. TURN WELL OVER TO PRODUCTION TO RUN RODS & TBG.

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

SIGNATURE Denise Leake TITLE Regulatory Specialist

DATE 7/8/2003

TYPE OR PRINT NAME Denise Leake

Telephone No. 915-687-7375

(This space for State Use)

APPROVED Gary W. Wink ORIGINAL SIGNED BY  
CONDITIONS OF APPROVAL, IF ANY: TITLE GARY W. WINK

DATE 7/17/2003  
OC FIELD REPRESENTATIVE II/STAFF MANAGER

