

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department  
**OIL CONSERVATION DIVISION**  
P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

Form C-103  
Revised 1-1-89

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

API NO. (assigned by OCD on New Wells)
30-025-04218
5. Indicate Type of Lease
STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
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 DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

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

1. Type of Well:
OIL <input type="checkbox"/> GAS <input type="checkbox"/>
WELL <input checked="" type="checkbox"/> WELL <input type="checkbox"/> OTHER <input type="checkbox"/>

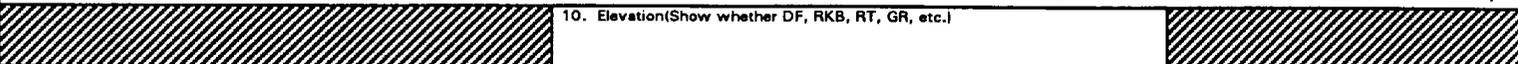
8. Well No.
850

2. Name of Operator
CHEVRON U.S.A. INC.
3. Address of Operator
P.O. BOX 1150 MIDLAND, TX 79702 ATTN: P.R. MATTHEWS

9. Pool name or Wildcat
EUNICE MONUMENT <i>LB-81</i>

4. Well Location
Unit Letter <u>    </u> <u>    </u> <u>    </u> : <u>    </u> <u>    </u> Feet From The <u>    </u> <u>    </u> Line and <u>    </u> <u>    </u> Feet From The <u>    </u> <u>    </u> Line
Section <u>    </u> <u>    </u> <u>    </u> Township <u>    </u> <u>    </u> Range <u>    </u> <u>    </u> NMPM <u>    </u> <u>    </u> LEA <u>    </u> County

10. Elevation(Show whether DF, RKB, RT, GR, etc.)
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11 Check Appropriate Box to Indecate Nature of Notice, Report, or Other Data
<b>NOTICE OF INTENTION TO:</b>
PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>
OTHER: <input type="checkbox"/>
<b>SUBSEQUENT REPORT OF:</b>
REMEDIAL WORK <input type="checkbox"/> ALTER CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/> PLUG AND ABAN. <input type="checkbox"/>
CASING TEST AND CMT JOB <input checked="" type="checkbox"/>
OTHER: <u>SQX. LEAK,PERF, ACDZ</u> <input checked="" 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.

MIRU, POOH WITH PROD. EQUIP.  
 CO WH ,TST/WH TO 1000 PSI-OK.  
 ISOLATE CASING LEAK AT 107-486.  
 PERF 7" CSG. AT 695, SQZ CSG LEAK W/ 225 SXS. CMT.  
 TEST SQZ. TO 500 PSI-OK  
 LOG HOLE: GR-CCL.  
 PERF 5" CSG W/ 3 3/8" GUNS.  
 PERFS AT 3756-82, TOTAL OF 38 HOLES.  
 ACDZ 3782-3766, SWB/TST.  
 RETURN TO PRODUCTION.  
 WORK STARTED 9-2-91 WORK ENDED 9-16-91.

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

SIGNATURE <u>P.R. Matthews</u>	TITLE <u>TECH. ASSISTANT</u>	DATE: <u>9-19-91</u>
TYPE OR PRINT NAME <u>P.R. MATTHEWS</u>	TELEPHONE NO. <u>(915)687-7812</u>	

**ORIGINAL SIGNED BY JERRY SEXTON**

APPROVED BY <u>DISTRICT I SUPERVISOR</u>	TITLE <u></u>	DATE <u>9-19-91</u>
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CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

SEP 20 1991

OFFICE OF THE  
ATTORNEY GENERAL