

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)

30-025-04220

5. Indicate Type of Lease

STATE ☐

FEE ☒

6. State Oil & Gas Lease No.

N/A

7. Lease Name or Unit Agreement Name

EUNICE MONUMENT SOUTH UNIT-B

**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.)

1. Type of Well:

OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. Name of Operator

CHEVRON U.S.A. INC.

8. Well No.

857

3. Address of Operator

P.O. BOX 1150 MIDLAND, TX 79702 ATTN: NITA RICE

9. Pool name or Wildcat

EUNICE MONUMENT

4. Well Location

Unit Letter G : 2310 Feet From The NORTH Line and 2310 Feet From The EAST Line  
Section 11 Township 20S Range 36E NMPM LEA County

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

3571' GL

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 ☐ ALTER CASING ☐  
COMMENCE DRILLING OPNS. ☐ PLUG AND ABAN. ☐  
CASING TEST AND CMT JOB ☐  
OTHER: C/O, ACDZ, RTP ☒

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.

WORK STARTED 05/18/94. MIRU PU, ND WH, NU BOP. WASH PERFS 3806'-3892' W/PERF-CLEAN  
TOOL & 3000 GALS 2% KCL 1000 GAL TOLUENE/ISOPROPYL ALCOHOL & 3000 GAL 15% UNICHEM.  
SWAB 75 BBLS. ND BOOP, NU WH. RD PU.  
TURN WELL OVER TO PRODUCTION 05/20/94.

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

SIGNATURE

TITLE

TECH. ASSISTANT

DATE:

05/31/94

TYPE OR PRINT NAME

WENDI KINGSTON

TELEPHONE NO. (915)687-7436

ORIGINAL FILED BY WENDI KINGSTON  
DISTRICT SUPERVISOR

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

mp

RECEIVED

JUN 11 1994

OLD NEWS  
OFFICE