Submit 3 Copies
to Appropriate

CONDITIONS OF APPROVAL, IF ANY:

State of New Mexico Energy, Minerals and Natural Resources Department OIL CONSERVATION DIVISION

Form C-103 Revisied 1-1-89

District Office		VATION DIVISION	
		Box 2088	
DISTRICT I	Santa Fe, N	New Mexico 87504-2088	
P.O. Box 1980, Hobbs, NM 88240 DISTRICT !!			API NO. (essigned by OCD on New Wells)
P.O. Drawer Dd, Artesia, NM 88210			30-025-04220
DISTRICT III 1000 Rio Brazoe Rd., Aztec, Nm 87410			5. Indicate Type of Lease STATE FEE X
			6. State Oil & Gas Lease No.
			N/A
SUNDRY NOTICES AND REPORTS ON WELLS			
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"			7. Lease Name or Unit Agreement Name EUNICE MONUMENT SOUTH UNIT-B
(FORM C-101) FOR SUCH PROPOSALS.)			
1. Type of Weil:]
OIL X	GAS WELL OTHER		
2. Name of Operator CHEVRON U.S.A. INC.			8. Well No. 857
3. Address of Operator			9. Pool name or Wildcat
P.O. BOX 1150 MIDLAND, TX 79702 ATTN: NITA RICE			EUNICE MONUMENT
4. Well Location	G : 2310 Feet From	The NORTH Line and	2310 Feet From The EAST Line
Unit Letter Section	Township	20 SOUTH Range	36E NMPM LEA County
	10. Eleva	tion(Snow whether DF, RKB, RT, GR, etc	.)
		357 <u>1' GL</u>	
11	Check Appropriate Box to Indeca	te Nature of Notice, Report, or Oth	
NOTICE O	F INTENTION TO:	SUBSEQUENT	REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTER CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING OPNS.	PLUG AND ABAN.
PULL OR ALTER CASING		CASING TEST AND CMT JOB	
OTHER: CO, ACD	Z & RTP	OTHER:	
12. Describe Proposed or Co esticated date of starting	mpleted Operations(Clearly state all pertinent any proposed work) SEE RULE 1103.	details, and give pertinent dates, including	
WE PROP	OSE TO: MIRU PU, POOH W/F	RODS & PUMP, POOH W/TE	sG.
C/O TO 3953'. TREAT PERFS F/3806'-3892' W/53 GALS/FT 2% KCL WTR, TREAT W/17 GAL/FT			
TOL/IPA	MIXTURE. SI ANNULAS, BLEET	PRESSURE OFF. TREAT W	//53 GAL/FT OF ACID MIXTURE.
SI ANNUL	AS. BLEED OF PRESSURE. FL	USH W/2% KCL WTR. SWA	AB.
RD PU. NU WH. TURN WELL OVER TO PRODUCTION.			
			•
I hereby certify that the inform	nation above is true and complete to the best	of my knowledge and belief.	DATE: 02/20/04
SIGNITURE	no monto	TECH. ASSISTANT	DATE: 03/30/94
TYPE OR PRINT NAME	WENDI KINGSTON	3. hr	TELEPHONE NO. (915)687-7436
Contract trans		Orig. Signed by	
	TITI E	Orig. Signed S Paul Kautz Paul Kautz	DATE APR 0 4 1994