

Submit 3 Copies  
to Appropriate  
District Offices

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. Drawer DD, Artesia, NM 88210

**DISTRICT III**  
1000 Rio Brazos Rd., Aztec, NM 87410

**OIL CONSERVATION DIVISION**  
310 Old Santa Fe Trail, Room 206  
Santa Fe, New Mexico 87503

WELL API NO.

30-025-04221

5. Indicate Type of Lease

STATE ☐

FEE ☒

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

EUNICE MONUMENT SOUTH  
UNIT B

8. Well No.

851

9. Pool name or Wildcat

EUNICE MONUMENT; GRAYBURG-SA

**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 INJECTOR

2. Name of Operator

CHEVRON U.S.A., INC.

3. Address of Operator

P. O. BOX 1150 MIDLAND, TX 79702

4. Well Location

Unit Letter C : 330 Feet From The NORTH Line and 2310 Feet From The WEST Line

Section 11

Township 20S

Range 36E

NMPM LEA

County

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

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 OPNS. ☐

PLUG AND ABANDON ☐

CASING TEST AND CEMENT JOB ☐

OTHER: CONVERTED TO INJECTION ☒

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.

POH W/PROD EQPT. LOADED CSG W/40 BBLS PKR FLUID. SET INJ PKR @ 3699'. RAN MIT.  
TEST WITNESSED BY BUDDY HILL W/OCD.

CONVERTED TO INJECTION 4/19/00

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

SIGNATURE

J. K. Ripley

TITLE REGULATORY O.A.

DATE 04/27/2000

TYPE OR PRINT NAME J. K. RIPLEY

TELEPHONE NO. (915)687-7148

(This space for State Use)

ORIGINAL SIGNED BY

GARY WINK

TITLE

APPROVED BY

DATE MAY 04 2000

CONDITIONS OF APPROVAL, IF ANY:

ICSN