

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 <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
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 <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER INJECTOR <input type="checkbox"/>	
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 <u>C</u> : <u>330</u> Feet From The <u>NORTH</u> Line and <u>2310</u> Feet From The <u>WEST</u> Line Section <u>11</u> Township <u>20S</u> Range <u>36E</u> 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

Log: 23/8 @ 3700
Inj int: 3732-3817
Press + rate: Inj 440 226 @ 27 psi
per Jarvie 5-10-00
R-7766-A

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)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

JCSN

Q6