Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103

DISTRICT I P.O. Box 1980, Hobbs, NM 88240

חופדפוכד וו

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

| Kevisea | T-T-0 |
|---------|-------|
| | |
| | |
| | |

| WELL API NO. 30 – 025 – | 04218 |
|----------------------------|-------|
| 5 Indicate Type of Leave | |

| P.O. Drawer DD, Artesia, NM 88210 | 5. Indicate Type of Lease STATE FEE | | |
|--|---|--|--|
| DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410 | 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 | | |
| 1. Type of Well: OIL GAS WELL OTHER TNJECTOR | SOUTH UNIT -B | | |
| 2. Name of Operator CHEURON USA INC. | 8. Well No. 851 Lette | | |
| P.O. BOX 1150 MIDLAND, TX 79720 | 9. Pool name or Wildcat | | |
| 4. Well Location Unit Letter : 33D Feet From The NORTH Line and Z310 Feet From The WEST Line | | | |
| Section Township 20 5 Range 36 E 10. Elevation (Show whether DF, RKB, RT, GR, etc.) | NMPM LEA County | | |
| 11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data | | | |
| NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: | | | |
| PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK | ALTERING CASING | | |
| TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING | OPNS. PLUG AND ABANDONMENT | | |
| PULL OR ALTER CASING CASING CASING TEST AND CEMENT JOB | | | |
| · · · · · · · · · · · · · · · · · · · | OTHER: PERF-ACOZ - LOG | | |
| 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, PROD EQUIP, NU NEW WH 6" 900 30165 SET PRR @ 3692 TS\$/CS9 TO 500 PST -OK SET PRR @ 3692 TS\$/CS9 TO 500 PST -OK RUN LOGS: CNL -GR - CCL PERF 3834-42, 3820-26, 3810-14, 3772-3800 W/33/8 GONS W/Premium CHARGE Z JHPF ADZ W/750 GALS 15% NEFE SWB/TST TIH W/PROD EQUIP RETURN TO PRODUCTION WORK BEGAN 7-7-91 ENDED 7-10-9/ | | | |
| I hereby certify that the information above is true and complete to the best of my knowledge and belief. | - 107 | | |
| SKONATURE M. E. alsonia TITLE DRLG S | DATE | | |
| TYPE OR PRINT NAME M.E. AKINS | TELEPHONE NO. | | |

APPROVED BY-

(This space for State Use)
ORIGINAL SIGNED BY JEERY SEXTON

DISTRICT I SUPERVISOR

TILE

JUL 16 1991

CONDITIONS OF APPROVAL, IF ANY: