Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

District Office		•		Revised 1-1-89
DISTRICT I	OIL CONSERVATION)N DIVISION		
P.O. Box 1980, Hobbs NM 88241-1980	P.O. Box 2088		WELL API NO.	
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	Santa Fo. Now Marine 97504 2000			25-04222
		5. Indicate Type of Lease	ATE FEE X	
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil & Gas Lease N	
			o. State On & Gas Lease N	10.
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"		7. Lease Name or Unit Agr	reament Nama	
(FORM C-	-101) FOR SUCH PROPOSALS.)	NOTE:		coment reame
1. Type of Well: OIL GAS GAS			EUNICE MONUMENT SO	UTU UNIT D
WELL X WELL	OTHER		LONICE MONOPLAT 30	מוזווס טודו פ
2. Name of Operator			8. Well No.	
Chevron U.S.A. Inc.			852	
3. Address of Operator			9. Pool name or Wildcat	
P.O. Box 1150, Midland 4. Well Location	, TX 79702		EUNICE MONUMENT; GRA	AYBURG-SAN ANDRES
Unit Letter D : 330	Feet From The NORTH	00	•	·
July 251101	reet Floin The NOCTIT	Line and 99	Feet From The	WEST Line
Section 11	Township 20S Ra	inge 36E	nmpm LEA	
	10. Elevation (Show whether	er DF, RKB, RT, GR, etc.	NMPM LEA	County
<i>\</i>				
11. Check App	propriate Box to Indicate	Nature of Notice.	Report, or Other I)ata
NOTICE OF IN	TENTION TO:		SEQUENT REPO	
				JN I OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERIN	IG CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING		<u> </u>
PULL OR ALTER CASING				ND ABANDONMENT
TOLE ON ALTER CASING		CASING TEST AND CEN	MENT JOB L	
OTHER:		OTHER: MILLED	OUT 5" LINER, PERFO	D, ACZD X
12 Describe Proposed or Completed Open	etions (Clearly Att B)	<u> </u>		
 Describe Proposed or Completed Operawork) SEE RULE 1103. 	tions (Clearly state an pertinent deta	ills, and give pertinent date	s, including estimated date o	of starting any proposed
PPD 50 SX CMT; WOC, 3760'-3860'. REAMED		3 CIRC-PMP 160 BBLS 3773'-3796' W/2 JH	5, NO RETURNS; CAP 1: 20'. MILLED 5" LINE 30: PEPED 3601' 376:	34 BBLS. R
I hereby certify that the information above is true	and complete to the best of my knowledge	and belief.		
SIGNATURE G, K. Ripelle	TITLE	TECHNICAL ASSISTA	ANT DATE	3/19/97
TYPE OR PRINT NAME J. K. RIPLEY	<u> </u>		TELEPHONE	NO. (915)687-7148
(This space for State Use)	MCT I SOSSA SEXTON			
formation and a second and a second and a				MAR 25 1997
APPROVED BY	TITLE		DATE	
CONDITIONS OF APPROVAL, IF ANY:				

