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

OIL CONSERVATION DIVISION P.O. Box 2088

WELL API NO. 30-025-04224

DISTRICT II Santa Fe, New Mexico 87504-208		
P.O. Drawer DD, Artesia, NM 88210	5. Indicate Type of Lease	
DISTRICT III 1000 Rio Brazos Rd., Aztec, 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 B DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)	EUNICE MONUMENT	
1. Type of Well: OIL GAS WELL OTHER	SOUTH UNIT - B	
2. Name of Operator CHEVRON U.S.A. INC.	8. Well No. 856	
P.O. BOX 1150 MIDLAND, TX 79702 AHN: R. MATTHET	9. Pool name or Wildcat WS EUNICE MONUMENT	
4. Well Location Unit Letter = : 1650 Feet From The NORTH Line:		
Section // Township 20 S Range 36 E	NMPM LEA County	
10. Elevation (Show whether DF, RKB, RT,	GR, etc.)	
11. Check Appropriate Box to Indicate Nature of	-	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL	. WORK ALTERING CASING	
TEMPORARILY ABANDON CHANGE PLANS COMMENC	CE DRILLING OPNS. L PLUG AND ABANDONMENT L	
PULL OR ALTER CASING CASING TEST AND CEMENT JOB		
OTHER: OTHER:	LOG Hole	
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, POOH W/PROD. EQPT., NU BOP. TIH W/RBP, SET AND TST/CSG TO 500 PSIOK POOH W/RBP, TIH C/O TO 3901, POOH RAN LOGS - DLL, MSFL, LDT, CNL, CCL, GR. TIH W/2 ³ /8 PROD. / EQPT. RD MO RETURN TO PRODUCTION. C-23-91		
I hereby certify that the information above is true and complete to the best of my knowledge and belief.		
SKINATURE ME AKINS	G. SUPT. DATE 6-25-91 915-687-7679 THE DESCRIPTION OF THE PROPERTY OF THE PROP	
HIPUMININI / / / / ////	TELEPHONE NO.	

APPROVED BY CONDITIONS OF APPROVAL, IF ANY:	TITLE	DATE
Geologist		
(This space for State Use) Orig. Signed in Paul Kautz		
TYPE OR PRINT NAME ME AKINS		9/5-687-7679 TELEPHONE NO.
I hereby certify that the information above is true and complete to the best of my SIGNATURE	y knowledge and belief. TITLE DRLG, SUPT.	DATE 6-25-91 915-687-7679
RDMO RETURN TO PRODUCTION.	L-23-91	