Submit 3 Copies To Appropriate District State of New Mexico Form C-103 Office Energy, Minerals and Natural Resources Revised March 25, 1999 District I WELL API NO. 1625 N. French Dr., Hobbs, NM 87240 District II 30-025-04253 OIL CONSERVATION DIVISION 811 South First, Artesia, NM 87210 5. Indicate Type of Lease 2040 South Pacheco District III 1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, NM 87505 STATE X FEE District IV 6. State Oil & Gas Lease No. 2040 South Pacheco, Santa Fe, NM 87505 SUNDRY NOTICES AND REPORTS ON WELLS 7. Lease Name or Unit Agreement Name: (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: EUNICE MONUMENT SOUTH UNIT B Oil Well 🗶 Gas Well Other 2. Name of Operator 8. Well No. Chevron U.S.A. Inc. 882 3. Address of Operator 9. Pool name or Wildcat P.O. Box 1150 Midland, TX 79702 EUNICE MONUMENT; GRAYBURG-SAN ANDRES 4. Well Location 1980 Unit Letter \_ feet from the line and WEST feet from the line Section Township 205 Range **NMPM** County 10. Elevation (Show whether DR, RKB, RT, GR, etc.) 11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: **REMEDIAL WORK** PERFORM REMEDIAL WORK PLUG AND ABANDON **ALTERING CASING TEMPORARILY ABANDON CHANGE PLANS** COMMENCE DRILLING OPNS. PLUG AND **ABANDONMENT** PULL OR ALTER CASING MULTIPLE **CASING TEST AND** COMPLETION **CEMENT JOB** OTHER: OTHER: 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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation. POH W/FROD EQPT. CO FILL TO 3968'. PERFD 3679'-3744' W/3 JHPF. ACZD 3679'-3744' W/4000 GALS 15%. ACZD PERFS & OH W/3000 GALS 15% FOAM. RIH W/TBG, PUMP & RODS; TBG @ 3931'. RETURNED WELL TO PRODUCTION. WORK PERFORMED 9/11/00 - 9/15/00 I hereby certify that the information above is true and complete to the best of my knowledge and belief.

Type or print name J.

APPROVED BY

(This space for State use)

Conditions of approval, if any:

11/7/00

16 2000

(915) 687-7148

DATE.

Telephone No.

Orig. Si

TITLE

Paul

Geolen