

Submit 3 Copies To Appropriate District
Office
District I
1625 N. French Dr., Hobbs, NM 87240
District II
811 South First, Artesia, NM 87210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
2040 South Pacheco, Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
Revised March 25, 1999

OIL CONSERVATION DIVISION
2040 South Pacheco
Santa Fe, NM 87505

WELL API NO. 30-025-04257
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name: EUNICE MONUMENT SOUTH UNIT B
8. Well No. 880
9. Pool name or Wildcat EUNICE MONUMENT; GRAYBURG-SAN ANDRES
10. Elevation (Show whether DR, RKB, RT, GR, etc.) 3549'

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 ☐ Gas Well ☐ Other

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 **F**; **1980** feet from the **NORTH** line and **1980** feet from the **WEST** line
Section **13** Township **20S** Range **36E** NMPM County **LEA**

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 ☐ MULTIPLE COMPLETION ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐

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 recompletion.

**PRESSURE TEST CSG. DO CMT & CTBP. SWAB PERFS 3740-46'. PERF 3600'-3700' W/3 JHPF.
ACZ W/6000 GALS 15% HCL. SWAB. RETURN TO PRODUCTION.**

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 10/26/00

Type or print name J. K. RIPLEY Telephone No. (915) 687-7148

(This space for State use)

APPROVED BY _____ TITLE _____ DATE 10/26/00

Conditions of approval, if any:

