

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

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

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

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.
N/a

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
SOUTH UNIT-B

1. Type of Well:	OIL WELL <input checked="" type="checkbox"/>	GAS WELL <input type="checkbox"/>	OTHER
2. Name of Operator	CHEVRON U.S.A. INC.		
3. Address of Operator	P.O. BOX 1150 MIDLAND, TX 79702 ATTN: P.R. MATTHEWS		
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 IEA County
10. Elevation (Show whether DF, RKB, RT, GR, etc.)			
3549 GE			

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 ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: LOG, SET CIBP AND T & A ☒

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, TIH WITH WIRE LINE LOGS.
LOG HOLE WITH: GR-SPECTRAL GR-CNL-CCL.
TRIP IN HOLE WITH CIBP AND SET AT 3650'.
DUMP 20' OF CEMENT ON TOP OF CIBP.
LOAD HOLE WITH TREATED WATER.
FLANGE WELL HEAD UP AND RIG DOWN MOVE OUT.
WORK STARTED 2-9-92 ENDED 2-10-92.

This Approval of Temporary
Abandonment Expires 2-1-97

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE P.R. Matthews TITLE TECHNICAL ASSISTANT DATE 2-11-92
TYPE OR PRINT NAME P.R. MATTHEWS TELEPHONE NO. 687-7812

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: