Submit 3 Copies to Appropriate

## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revisied 1-1-89

District Office

## **OIL CONSERVATION DIVISION**

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

DISTRICT ! P.O. Box 1980,	Hobbs, NM 88240		Santa Fe, N	lew Mexico 87504-	2088				
DISTRICT II P.O. Drawer Dd, Artesia, NM 88210						API NO. (assigned by OCD on New Wells) 30-025-04257			
DISTRICT III 1000 Rio Brazos Rd., Aztec, Nm 87410						Indicate Type of Lease     STATE X FEE			
						6. State Oil & Ga	s Lease No.		
	S	UNDRY NOTIC	ES AND REPOR	TS 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-161) FOR SUCH PROPOSALS.)						7. Lesse Name or Unit Agreement Name EUNICE MONUMENT SOUTH UNIT-B			
1. Type of We		GAS							
	X	WELL	OTHER						
	CHEVRON U.S	.A. INC.	=·			8. Well No.	880		
	150 MIDLAND	), TX 79702 AT	TTN: P.R. MAT	THEWS	3	9. Pool name or V EUNICE MOI	94	§ 4	
4. Well Location Unit Letter	, F	:	1980 Feet From T	he NORTH	Line and	1980	Feet From The WE	ST Line	
Section	13		Township	208		36E	NMPM LEA	County	
			TO. Elevat	ion(Show whether DF, RKB, RT, 3549 GL	GR, etc.)				
11		Check Appropriat	e Box to Indecate N	lature of Notice, Report, or	Other Data	······································			
	NOTICE OF INT	ENTION TO:		SUBSEC	QUENT REPO	ORT OF:			
TEMPORARILY A	-	PLUG AND ABAND	on	REMEDIAL WORK			ALTER CASING		
PULL OR ALTER	-	CHANGE PLANS	LI	COMMENCE DRILLING OPN	<b>—</b>		PLUG AND ABAN.		
	SQUEEZE,LOG,	J Perf	Х	CASING TEST AND CMT JO	DB				
				d give pertinent dates, including		-			
esticated dat	e or starting any propo	sed work) SEE RULE 11	103.						
	CHEVRON PRO	POSES TO:							
	MIRU,TIH WITI	H BIT AND CLE	AN OUT TO 37	60'.					
			EUTRON, SPETA	AL GR.					
	TIH WITH CICE	R TO 3675'.							
	PUMP INTO PE	RFS AND CASI	NG LEAK.						
	SQUEEZE OFF	LEAK AND PER	FS WITH CEME	NT.					
İ	DRILL OUT TO	<b>NEW PERF ARE</b>	ĒA.						
	PERF AND ACI	DIZE BASED ON	N LOGS.						
:	SWAB TEST A	ND RETURN TO	PRODUCTION						
I hereby certify th		Wallen	to the best of my know	vledge and belief. TECH. ASSISTAN	T [	DATE:	1-23-92	·	
TYPE OR PRINT	NAME	P.R. MATTHE	ws	·	<del></del>	ELEPHONE NO.	(915)687-7812		
	ORIGINAL SIGI	YRORL UR <b>GBN</b>	SEXTON			na a na hina na n		<b>10</b> 0	
APPROVED BY		A Leberario			C	ATE	JAN 27	92	
CONDITIONS OF	APPROVAL, IF ANY:			<del></del>	<del>-</del>			<del></del>	