Submit 3 Copies to Appropriate District Office

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

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

Form C-103
Revised 1-1-89

WELL API NO. 30-025-04290

5. Indicate Type of Lease Federal : STATE ☐ FEE ☒

6. State Oil & Gas Lease No. 768 Lease F

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 ☐ GAS WELL ☐ OTHER INJECTION

2. Name of Operator: CHEVRON U.S.A INC

8. Well No. EMSU-B #903

3. Address of Operator: P.O BOX 1150 MIDLAND, TX 79702 (J. Ripley)

9. Pool name or Wildcat EUNICE ~~EMSU-B~~ MONUMENT GB/SA

4. Well Location

Unit Letter E : 660 Feet From The West Line and 1980 Feet From The North Line

Section 23 Township 20S Range 36E NMPM County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK	☐	PLUG AND ABANDON	☐	REMEDIAL WORK	☐	ALTERING CASING	☐
TEMPORARILY ABANDON	☐	CHANGE PLANS	☐	COMMENCE DRILLING OPNS.	☐	PLUG AND ABANDONMENT	☐
PULL OR ALTER CASING	☐			CASING TEST AND 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.

Shut well BACK-in For 24hrs Reopened O press on BACK-SIDE well is ok.

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

SIGNATURE Gary Coy TITLE P.O DATE 11-24-98

TYPE OR PRINT NAME TELEPHONE NO.

(This space for State Use) ORIGINAL SIGNED BY

APPROVED BY TITLE DATE

CONDITIONS OF APPROVAL, IF ANY: