

Submit 3 Copies

to Appropriate

District Office

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

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

API NO. (assigned by OCD on New Wells) <b>30-025-04320</b>	
6. 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 <del>UNIT</del> <i>South Unit</i>	
8. Well No. 107	
9. Pool name or Wildcat EUNICE MONUMENT G/ SA	

**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 <input checked="" type="checkbox"/> GAS <input type="checkbox"/> WELL <input checked="" type="checkbox"/> WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	
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 <u>F</u> : <u>1980</u> Feet From The <u>NORTH</u> Line and <u>1980</u> Feet From The <u>WEST</u> Line Section <u>25</u> Township <u>20 S</u> Range <u>36 E</u> NMPM <u>LEA</u> County	
10. Elevation(Show whether DF, RKB, RT, GR, etc.) 3548 GE	

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

**NOTICE OF INTENTION TO:**

PERFORM REMEDIAL WORK	<input type="checkbox"/>	PLUG AND ABANDON	<input type="checkbox"/>
TEMPORARILY ABANDON	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>		
OTHER:	<input type="checkbox"/>		

**SUBSEQUENT REPORT OF:**

REMEDIAL WORK	<input type="checkbox"/>	ALTER CASING	<input type="checkbox"/>
COMMENCE DRILLING OPNS.	<input type="checkbox"/>	PLUG AND ABAN.	<input type="checkbox"/>
CASING TEST AND CMT JOB	<input type="checkbox"/>		
OTHER: POLYMER SQUEEZE	<input checked="" type="checkbox"/>		

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.

POLYMER SQUEEZE 3643-TD.  
SHUT WELL IN FOR 48 HOURS.  
SWB/TST.  
TIH WITH PRODUCTION EQUIP.

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

SIGNATURE <u>P.R. Matthews</u>	TITLE <u>TECH. ASSISTANT</u>	DATE: <u>9-23-91</u>
TYPE OR PRINT NAME <u>P.R. MATTHEWS</u>		TELEPHONE NO. <u>(915)687-7812</u>
APPROVED BY <u>DISTRICT I SUPERVISOR</u>	TITLE	DATE
CONDITIONS OF APPROVAL, IF ANY:		