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LAND OFFICE	
OPERATOR	

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501Form C-103
Revised 10-1-78

5a. Indicate Type of Lease	
State <input type="checkbox"/>	Fee <input checked="" type="checkbox"/>
5. State Oil & Gas Lease No.	

(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.)

OIL WELL ☒ GAS WELL ☐ OTHER ☐

Name of Operator

Chevron U.S.A. Inc.

Address of Operator

P.O. Box 670 Hobbs, NM 88240

Location of Well

UNIT LETTER P 660 FEET FROM THE South LINE AND 660 FEET FROM
THE East LINE, SECTION 25 TOWNSHIP 20S RANGE 37E NMPM.7. Unit Agreement Name
Eunice Monument South

8. Farm or Lease Name Unit

9. Well No.
12510. Field and Pool, or Wildcat
Eunice Monument G/SA15. Elevation (Show whether DF, RT, GR, etc.)
355612. County
LeaCheck Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO:FORM REMEDIAL WORK ☐
PERMANENTLY ABANDON ☐
OR ALTER CASING ☐PLUG AND ABANDON ☐
CHANGE PLANS ☐OTHER ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOB ☐ALTERING CASING ☐
PLUG AND ABANDONMENT ☐OTHER dpn, log, return to prod. ☒

Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1703.

TD: 3985

POOH w/ production equipment. Circulate clean. Establish circulate circulation w/foam mist. Drill 4 3/4" hole from 3900 to 3985. Circulate hole clean. Log w/GR-CNL-CCL -Cal. Loggers TD 3985'. No perf required. RIH w/ 2 3/8" K-55, 4.7#, tbq to 3724'. RIH w/production equipment. Space out, hang on, load and test tbq to 500psi, ok. Clean location, turn over to production.

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

M. E. Abner

TITLE: Staff Drilling Engr.

DATE: May 27, 1988

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

SIGNED BY _____

TITLE _____

DATE _____

ADDITIONS OF APPROVAL, IF ANY: