Submit 3 Copies to Appropriate

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103

District Office	33,	Accounted Department	Revised 1-1-39
<u>DISTRICT I</u> P.O. Box 1980, Hobbs, NM 88240	OIL CONSERVATI	ON DIVISION	No.
DISTRICT II	P.O. Box 2	.088	WELL API NO.
P.O. Drawer DD, Artesia, NM 88210	Santa Fe, New Mexic	o 87504-2088	30-025-04327
DISTRICT III			5. Indicate Type of Lease STATE FFE
1000 Rio Brazos Rd., Azzec, NM 87410			STATE FEE 6. State Oil & Gas Lease No.
			a sale on a day Lease No.
SUNDRY NOT	ICES AND REPORTS ON W	ELLS	
I A DO MOT OBE THIS HORM FOR PER	OPOSALS TO DRILL OR TO DEEPE RVCIR. USE "APPLICATION FOR P	NOR BUILD BLOKER .	7 Leggy Name of Victoria
(FORM C	-101) FOR SUCH PROPOSALS.)	ERMIT	7. Lease Name or Unit Agreement Name
1. Type of Weil:			
WEIL WEIL	OTT-IER		
2. Name of Operator			Eunice Monument South Unit
Chevron U.S.A. Inc			8. Well No.
3. Address of Operator			119
P.O. Box 670, Hobb	s. NM 88240		9. Pool name or Wildon
- wen recented			Eunice Monument GB/SA
Unit Letter ! 1986	Feet From The South	Tine and 1980	· · · · · · · · · · · · · · · · · · ·
·			Feet From The East Li
Section 25	Township 20S	tange 36E N	IMPM Lea Court
	10. Elevation (Show whether	DF, RKB, RT, GR, etc.)	WIFW Lea County
		3555	<i>*************************************</i>
11. Check A	Appropriate Box to Indicate	Nature of Notice, Re-	DOIT or Other Data
NOTICE OF INT	ENTION TO:	SUBS	SEQUENT REPORT OF:
PERFORM REMEDIAL WORK			ALGOLINI REPORT OF:
<u> </u>	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	· ·
PULL OR ALTER CASING		GOMMENCE DAILLING	OPNS. PLUG AND ABANDONMENT
		CASING TEST AND CEM	HENT JOB
OTHER: dpn, log, run liner	perf. acdz x	OTHER:	. · ·
12. Describe Proposed or Completed Operation work) SEE RULE 1103.	ns (Clearly state all pertinent details, a	nd give pertinent dates, includin	ig estimated date of starting any proposed
It is proposed to d	eepen the subject well	from old TD of 3	3850' to a new TD of 4035'.
Kun a 4 1/2 IInei	(IUL @ I 3000) and ce	ement in place. P	Perfs will be selected
upon reviewing of 1	ogs, acidize and retur	n to production.	
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		•	
•			
I hereby certify that the information above is true as	at complete to the best of my knowledge and	odia.	
SIGNATURE XX Elmine	1		
•	III.	<u>Technical Assis</u>	tant
TYPE OR PRINT NAME			·
The same for the same			TELEPHONE NO.
(This space for State Use) ORIGINAL SIGNED	BY JERRY SEXTON		
DISTRICT	SUPERVISOR		APR 7 5 198
APPROVED BY		■	ארת סושני

RECEIVED

APR 5 1989

OCD HOBBS OFFICE