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U.S.G.S.	
LAND OFFICE	
OPERATOR	

OIL CONSERVATION DIVISIC
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 12-1-

30. Indicate Type of Lease
State ☐ For ☐
3. State Oil & Gas Lease No.
LC 031736

SUNDARY NOTICES AND REPORTS ON WELLS

DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO REOPEN OR PLUG BACK TO A DIFFERENT RESERVOIR.
USE APPLICATION FOR PERMIT TO DRILL FORM C-101 FOR SUCH PROPOSALS.

1. ☒ OIL WELL ☐ GAS WELL ☐ OTHER

2. Name of Operator
Chevron U.S.A. Inc.

3. Address of Operator
P. O. Box 670, Hobbs, NM 88240

4. Location of Well
UNIT LETTER B 660 FEET FROM THE North 1980 FEET FROM
The East LINE, SECTION 25 TOWNSHIP 20S RANGE 36E

5. Elevation (Show whether DF, KT, GR, etc.)
3550 DF

6. County
Lea

7. Unit Agreement Name
Eunice Monument South Unit

8. Term of Lease (year)

9. Well No.
103

10. Filing and Pool, or Wellhead
Eunice Monument

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☒
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐
OTHER ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOBS ☐
OTHER ☐

ALTERING CASING ☐
PLUG AND ABANDONMENT ☐

17. 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.

MIRU PU. POH with rods and pump. ND wellhead. NU BOP. POH with tubing.
Go in hole with bit and work string. Clean out fill. Go in hole with RBP
and packer. Check for casing leaks and cement as necessary if required.
Ru wire line unit and run GR, CCL, CNL, and open hole caliper (TD-csg shoe).
Ru acid company and acidize with 5000 gallons 15% NEFE. Ru chemical company
and chemically squeeze well. Place well on production.

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

P. H. Bulley Jr.

Division Drilling Manager, 9/25/85

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT 1 SUPERVISOR

SEP 27 1985

CONDITION OF APPROVAL, IF ANY:

RECEIVED
SEP 26 1985
HOBBS O.C.O.
HOBBS OFFICE