

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 1-1-88

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)

30-025-04332

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

2616

7. Lease Name or Unit Agreement Name

EUNICE MONUMENT SOUTH UNIT

8. Well No.

120

9. Pool name or Wildcat

EUNICE MONUMENT ~~SOUTH UNIT~~ **GBSA**

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

GAS

WELL ☐

WELL ☐

OTHER

INJECTOR

2. Name of Operator

CHEVRON U.S.A. INC.

3. Address of Operator

P.O. BOX 1150 MIDLAND, TX 79702 ATTN: WENDI KINGSTON

4. Well Location

Unit Letter

K

1980

Feet From The

SOUTH

Line and

1980

Feet From The

WEST

Line

Section

25

Township

20S

Range

36E

NMPM

LEA

County

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

3541' DF

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐

PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐

CHANGE PLANS ☐

PULL OR ALTER CASING ☐

OTHER:

INJECTOR STIM ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐

COMMENCE DRILLING OPNS. ☐

CASING TEST AND CMT JOB ☐

OTHER:

ALTER CASING ☐

PLUG AND ABAN. ☐

☒

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.

MIRU, TAG TD. CLEAN OUT FILL TO TD.

ACDZ W/4500 GALS 15% NEFEA.

RDMO. TURN WELL OVER TO PRODUCTION 12/7/95.

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

SIGNATURE

TITLE

TECH. ASSISTANT

DATE:

12/20/95

TYPE OR PRINT NAME

WENDI KINGSTON

TELEPHONE NO.

(915)687-7826

ORIGINAL SIGNED BY JERRY SEXTON

APPROVED BY

DISTRICT I SUPERVISOR

TITLE

DATE

DEC 27 1995

CONDITIONS OF APPROVAL, IF ANY:

30 T

