Form C-103 State of New Mexico Submi 3 Copies To Appropriate District Ene. 1, Minerals and Natural Resources Office Revised March 25, 1999 District I WELL API NO. 1625 N. French Dr., Hobbs, NM 87240 30-025-04333 District II **OIL CONSERVATION DIVISION** 811 South First, Artesia, NM 87210 5. Indicate Type of Lease 2040 South Pacheco District III STATE \square FEE 😠 Santa Fe, NM 87505 1000 Rio Brazos Rd., Aztec, NM 87410 District IV 6. State Oil & Gas Lease No. 2040 South Pacheco, Santa Fe, NM 87505 SUNDRY NOTICES AND REPORTS ON WELLS 7. Lease Name or Unit Agreement Name: (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: EUNICE MONUMENT SOUTH UNIT Oil Well Gas Well Other 8. Well No. 2. Name of Operator 121 Chevron U.S.A. Inc. 9. Pool name or Wildcat 3. Address of Operator EUNICE MONUMENT; GRAYBURG-SAN ANDRES P.O. Box 1150 Midland, TX 79702 4. Well Location 1980 feet from the feet from the line and line Unit Letter **NMPM** County Township 20S Range LEA Section 25 10. Elevation (Show whether DR, RKB, RT, GR, etc.) 11. Check Appropriate Box to Indicate, Nature of Notice, Report, or Other Data SUBSEQUENT REPORT OF: NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK **ALTERING CASING** COMMENCE DRILLING OPNS. PLUG AND **TEMPORARILY ABANDON** CHANGE PLANS **ABANDONMENT** CASING TEST AND **PULL OR ALTER CASING MULTIPLE** COMPLETION CEMENT JOB \mathbf{x} OTHER: OTHER: SI 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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation. POH W/TBG. RAN CSG SCRAPER TO 3740'. SET CIBP @ 3690'. CIRC PKR FLUID. RAN MIT - WOULD NOT TEST. WELL NOW SI. WORK PERFORMED 10/24/01 I hereby certify that the information above is true and complete to the best of my knowledge and belief. TITLE REGULATORY O.A. _DATE_ SIGNATURE. Telephone No. Type or print name J. K. (915)687-7148 (This space for State use) GARY W. WINK APPROVED BY_ OC FIELD REPRESENTATIVE II/STAFF MANAGER Conditions of approval, if any: