

Submit 3 Copies
to Appropriate
District Office

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

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 1-1-89

WELL API NO.	30-025-04420
5. Indicate Type of Lease	STATE ☒ FEE ☐
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name	EYNICE Monument
8. Well No.	South Unit 163
9. Pool name or Wildcat	EYNICE Monument / G

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 WELL ☒ GAS WELL ☐ OTHER ☐	
2. Name of Operator	CHEURON USA INC.
3. Address of Operator	P.O. Box 1150 Midland TX 79702 Attn: Rm 4111
4. Well Location	Unit Letter J : 1980 Feet From The South Line and 1980 Feet From The East Section 36 Township 20S Range 36E NMPM LEA 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3549

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK ☒	REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐	ALTERING CASING ☐
PULL OR ALTER CASING ☐	COMMENCE DRILLING OPNS. ☐
OTHER: ☐	PLUG AND ABANDONMENT ☐
	CASING TEST AND CEMENT JOB ☐
	OTHER: ☐
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 Polymer S92 ZONE 1 perf's 3738-3748'. If polymer is failure cmt S92 ZONE. Return to production.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.	
SIGNATURE E.O. Doherty	TITLE T.A. Delg
TYPE OR PRINT NAME E.O. Doherty	DATE 5/24/91
(This space for State Use)	TELEPHONE NO. 687-7812
APPROVED BY ORIGINAL SIGNED BY JERRY L. LUDSON	MAY 28 1991
DISTRICT I SUPERVISOR	
CONDITIONS OF APPROVAL, IF ANY:	TITLE DATE