

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

Form C-103
Revised 10-1-73

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DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease	
State ☒	Fee ☐
5. State Oil & Gas Lease No.	

SUNDRY NOTICES AND REPORTS ON WELLS
DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO OPEN OR PLUG BACK TO A DIFFERENT RESERVOIR.
USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.

OIL WELL ☒ GAS WELL ☐ OTHER ☐

1. Name of Operator Chevron U.S.A. Inc.	7. Unit Agreement Name Eunice Monument South
2. Address of Operator P.O. Box 670, Hobbs, NM 88240	8. Farm or Lease Name Unit
3. Location of well UNIT LETTER <u>N</u> <u>660</u> FEET FROM THE <u>South</u> LINE AND <u>1980</u> FEET FROM THE <u>West</u> LINE, SECTION <u>36</u> TOWNSHIP <u>20S</u> RANGE <u>36E</u> NMPM.	9. Well No. 167
	10. Field and Pool, or Wildcat Eunice Monument GB/SA
15. Elevation (Show whether DF, RT, GR, etc.) 3555	12. County Lea

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK ☐	PLUG AND ABANDON ☐	REMEDIAL WORK ☐	ALTERING CASING ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐	OTHER ☐	CASING TEST AND CEMENT JOBS ☐	OTHER ☒ Dpn, log, acdz

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.

Work performed 5-29- thru 5-31-88

TD: 4026

PCOH w/production equipment. Break circulation w/air mist. Drill f/3850 to 4026. Circ. well clean. Log well w/ CNL,CCL,GR and caliper. Run 2 7/8" 6.5#, L80 to 4013'. SN at 3977-78'. Run pmp and rods, space out, hang on, tst to 500psi, ok. Turn over to production.

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

SIGNED [Signature] TITLE Drllg. Tech. Asst. DATE June 29, 1988
APPROVED BY [Signature] TITLE DISTRICT SUPERVISOR DATE [Blank]
CONDITIONS OF APPROVAL IF ANY: