

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 1-1-59

WELL API NO.
30-025-04427

5. Indicate Type of Lease
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

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
Chevron USA Inc

3. Address of Operator
P.O. Box 1150 Midland TX 79702 Attn Rm 4111

4. Well Location
Unit Letter L: 1980 Feet From The South Line and 660 Feet From The West Line
Section 36 Township 20S Range 36E NMPM LEA County GR

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3545' GR

7. Lease Name or Unit Agreement Name
Eunice Monument
South Unit

8. Well No.
165

9. Foot name or Wildcat
GRAYBURG

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: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ 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 RIH & C/O w/ BIT ACD'Z OH f/ 3698'-4045' w/ 4500 gals
15% NETE HCL. 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 DATE 5/1/9

TYPE OR PRINT NAME E.O. DOHERTY TELEPHONE NO. 687-7817

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: _____