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 1-1-89

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) 30-025-04431

5. Indicate Type of Lease STATE [X] FEE [ ]

6. State Oil & Gas Lease No. N/A

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.)

7. Lease Name or Unit Agreement Name: EUNICE MONUMENT SOUTH UNIT

1. Type of Well: OIL WELL [X] GAS WELL [ ] OTHER Injection

2. Name of Operator: CHEVRON U.S.A. INC.

8. Well No. 168

3. Address of Operator: P.O. BOX 1150 MIDLAND, TX 79702 ATTN: NITA RICE

9. Pool name or Wildcat: EUNICE MONUMENT /GB

4. Well Location
Unit Letter O : 660 Feet From The SOUTH Line and 1980 Feet From The EAST Line
Section 36 Township 20S Range 36E NMPM LEA County

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3582 GE

11. 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	[ ]	ALTER CASING	[ ]
TEMPORARILY ABANDON	[ ]	CHANGE PLANS	[ ]	COMMENCE DRILLING OPNS.	[ ]	PLUG AND ABAN.	[ ]
PULL OR ALTER CASING	[ ]			CASING TEST AND CMT JOB	[ ]		
OTHER:	[ ]			OTHER: REPAIR CASING LEAK			[X]

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.

WORK PERFORMED 10-16-92 THRU 10-20-92
SET RBP @ 3678, TST TO 1000#,, OK. UNSEAT PKR, CIRC HOLE & TST CASING TO 500 PSI, OK.
GIH W/BIT & TAG @ 3910'. RIH W/PKR,TSTG TBG TO 3000 PSI, SET PKR @ 3678'.
CIRC PKR FLU. RUN CSG INTEGRITY TEST.
RETURN WELL IN INJECTION.

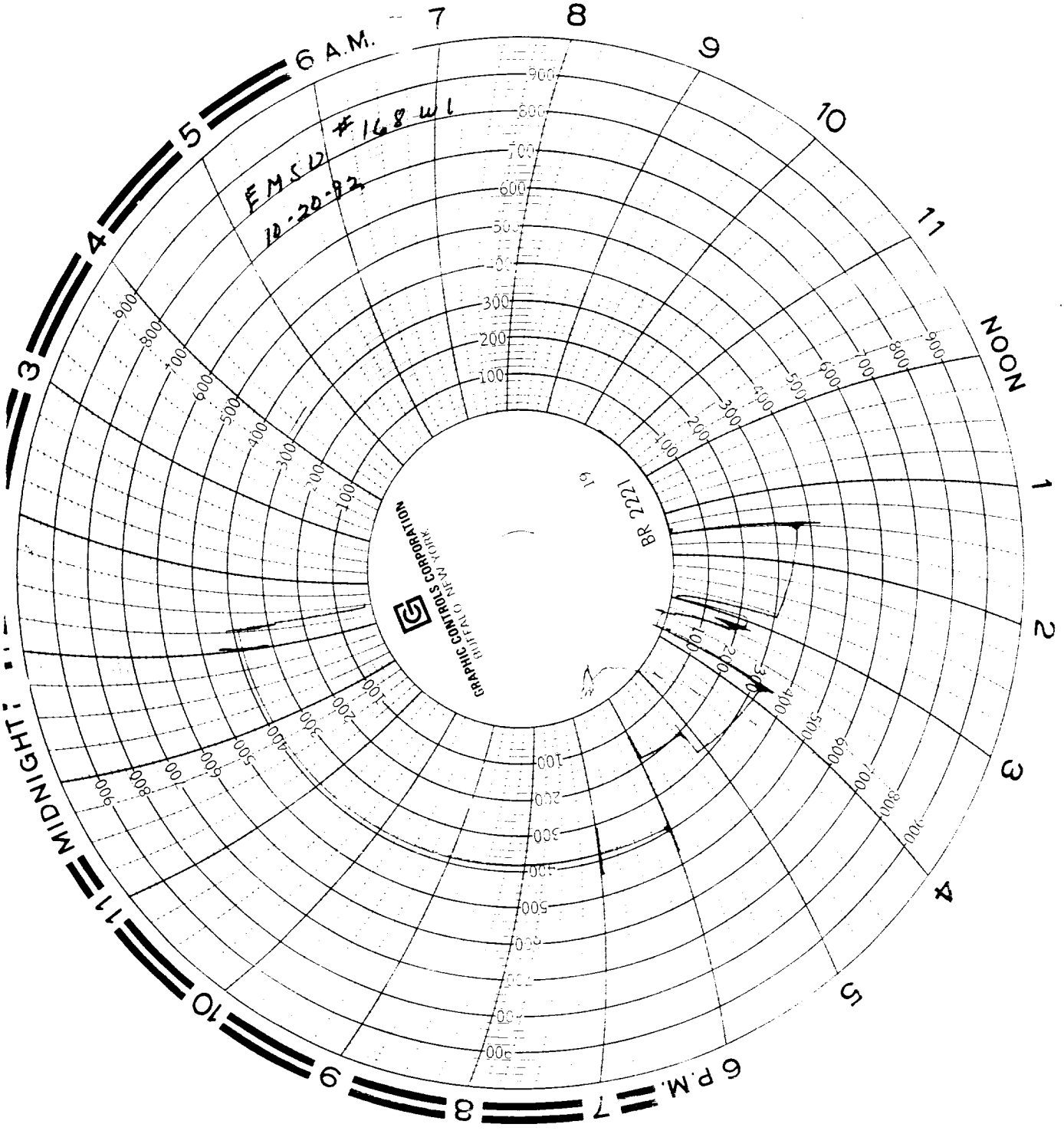
I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Nita Rice TITLE TECHNICAL ASSISTANT DATE: 10/27/92

TYPE OR PRINT NAME NITA RICE TELEPHONE NO. (915)687-7436

APPROVED BY ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR TITLE DATE NOV 04 '92

CONDITIONS OF APPROVAL, IF ANY: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MIDNIGHT
FMSU #168 WL
10-20-82
BR 2221
GRAPHIC CONTROLS CORPORATION
BUFFALO, NEW YORK

ATTENTION:
BONNIE AT OCD

TUBING SIZE 2 3/8
PACKER SETTING DEPTH 3687'
PERFS TOP & BOTTOM 3736

CHEVRON U.S.A PRODUCTION CO.

DISPOSAL/INJECTION WELL
PRESSURE TEST REPORT
NEW MEXICO

1. LEASE NAME: EMSU
2. WELL NO. 168 W1
3. LOCATION: UNIT O SECTION 36 T 20S R 36E
4. COUNTY: Lea
5. REASON FOR TEST:
   - ____ INITIAL TEST PRIOR TO INJECTION
   - ✓ AFTER WORKOVER
   - ____ FIVE YEAR TEST
   - ____ OTHER (SPECIFY) ____
6. DATE OF TEST: 10-30-93
7. TEST PRESSURE:

TIME:	TUBING	CASING	SURFACE CASING
INITIAL	0	380	0
15 MIN.	0	380	0
30 MIN.	0	380	0

8. TEST WITNESSED BY OCD: ____ YES ✓ NO

   IF YES, NAME OF OCD REP ____

9. OPERATOR COMMENT ON TEST: ____

10. WELL STATUS:
    ACTIVE ✓ TEMP ABANDON ____ OTHER (SPECIFY) ____

11. CHEVRON REPRESENTATIVE: Joe Lisenbee WOR
    NAME TITLE

    Joe Lisenbee
    SIGNATURE