

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, Hobos, NM 88240

DISTRICT II

P.O. Drawer Dd, Artesia, NM 88210

DISTRICT III

1000 Rio Brazos Rd., Aztec, Nm 87410

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)		API NO. (assigned by OCD on New Wells) <b>30-025-04431</b>
1. Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator <b>CHEVRON U.S.A. INC.</b>		6. State Oil & Gas Lease No. <b>N/A</b>
3. Address of Operator <b>P.O. BOX 1150 MIDLAND, TX 79702 ATTN: NITA RICE</b>		7. Lease Name or Unit Agreement Name <b>EUNICE MONUMENT SOUTH UNIT</b>
4. Well Location Unit Letter <b>0</b> Section <b>36</b> Township <b>20S</b> Range <b>36E</b> Line and <b>1980</b> Feet From The <b>SOUTH</b> Line <b>EAST</b> NMPM <b>LEA</b> County 10. Elevation (Show whether DF, RKB, RT, GR, etc.) <b>3546 GR</b>		8. Well No. <b>168</b>
		9. Pool name or Wildcat <b>EUNICE MONUMENT/GB</b>

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Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTER CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABAN. <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>		CASING TEST AND CMT JOB <input type="checkbox"/>	
OTHER: <b>REPAIR CSG LEAK,</b> <input checked="" type="checkbox"/>		OTHER: <input type="checkbox"/>	

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

IT IS PROPOSED TO :  
RIH W/ PKR & RBP ON WS. LOCATE & ISOLATE CASING LEAK  
ESTABLISH INJECTION RATE & PRESSURE INTO LEAK, REPAIR CSG LEAK  
CLEAN OUT TO RBP, PRESS TST CSG TO 300 PSI  
SET REDRESSED INJ PKR @ +3678, TST TBG TO 5000 PSI  
ABOVE SLIPS, DISP ANN W/PKR FLU. TST TBG/CSG ANNLU TO 300 PSI F/30 MIN.  
RETURN WELL TO 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: 10/12/92  
TYPE OR PRINT NAME NITA RICE TELEPHONE NO. (915)687-7436

APPROVED BY [Signature] TITLE  DATE   
CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

OCT 18 1992

300 HOBBS OFFICE