Submit 3 Copies to Appropriate

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revisied 1-1-89

District Office	OIL CONSER	VATION DIVISION			
		Box 2088 New Mexico 87504-2088			
DISTRICT I P.O. Box 1980, Hobbe, NM 883	·	NEW MEXICO 0/304-2000			
DISTRICT II			5	gned by OCD on New Wells)	
P.O. Drawer Dd, Arteeia, NM 88210			30-025-0		
DISTRICT III 1000 Rio Brazos Rd., Aztec, Nm 87410			6. Indicate 1	Type of Lease STATE X 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 DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"				me or Unit Agreement Name ATTHEWS	
(FORM C-101) FOR SUCH PROPOSALS.)					
Type of Well: OIL	GAS		7		
WELL X WELL OTHER					
2. Name of Operator CHEVRON U.S.A. INC.				11	
73. Address of Operator P.O. BOX 1150 MIDLAND, TX 79702 ATTN: NITA RICE			1	9. Pool name or Wildcat EUNICE MONUMENT	
4. Well Location					
Unit Letter Section 6	1 2310 Feet From	888	99 37E	PO Feet From The EAST Line	
Section 0		205 Range tion(Show whether DF, RKB, RT, GR, etc		NMPM LEA County	
		3558' GR			
11 Check Appropriate Box to Indecate 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.	-	ALTER CASING PLUG AND ABAN. X	
PULL OR ALTER CASING		CASING TEST AND CMT JOB	┥	rest and about.	
OTHER:		OTHER:	_		
12. Describe Proposed or Completed Operations(Clearly state all pertinent details, and give pertinent dates, including esticated date of starting any proposed work) SEE RULE 1103.					
WORK STARTED 05/02/94.					
SPOT 25 SX @2958'-2806', TAGGED.					
PERF @461', SET CICR @397', SQZ 283 SX TO SURF.					
SPOT 25 SX @397'-250'. SPOT 10 SX @30' TO SURF.					
INSTALL DRY HOLE MARKER					
CIRC W/10# MUD.					
P&A'D 05/04/94.					
0/	. 1 7				
I hereby certify that the intermet	ion above in true that complete to the best of	my knowledge and belief.			
SIGNITURE (1)	My MOLOS TIPLE	TECH. ASSISTANT	DATE:	05/12/94	
TYPE OR PRINT NAME	WENDI KINGSTON	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ 	TELIPHONE N	o. (915)687-7436	
),	11, 5 3 3 mg	
CONDITIONS OF APPROVAL, IF	ANY: TITLE		DATE		

AECEVED

يمن ل الله الله

OFFICE