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 1-1-89

WELL API NO.
30-025-12544

5. Indicate 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 TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

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

7. Lease Name or Unit Agreement Name

Eunice Monument South Unit

2. Name of Operator

Chevron U.S.A. Inc.

8. Well No.
139

3. Address of Operator

P.O. Box 670, Hobbs, NM 88240

9. Pool name or Wildcat
Eunice Monument GB/SA

4. Well Location

Unit Letter __B__ : __660__ Feet From The __North__ 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.)
3554

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: Sqz, reperf, acidize [x]

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.

It is proposed to cement squeeze the top perforations (3764'-3790'). DO CIR and cmt to 3790, tst sqz, Perf 3780-90, reperf any holes f/3804-3992' covered by cmt from sqz. Acidize perfs 3940-3992', acidize perfs 3780-3902. Swab back, RIH w/ production equipment, return to production.

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

SIGNATURE _L. K. Elmore_   TITLE __Technical Asst.__   DATE _6-23-89_

TYPE OR PRINT NAME

TELEPHONE NO.

(This space for State Use)

APPROVED BY **ORIGINAL SIGNED BY JERRY SEXTON**
DISTRICT I SUPERVISOR   TITLE _____

CONDITIONS OF APPROVAL, IF ANY:

JUN 2 7 1989

DATE _____