Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

DISTRICT I

OIL CONSERVATION DIVISION

– DATE –

P.O. Box 1980, Hobbs, NM 88240	P.O. Box 20	188	WELL API NO.
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	Santa Fe, New Mexico		30-025-12723
DISTRICT III			5. Indicate Type of Lease STATE FEE X
1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil & Gas Lease No.
SUNDRY NOTICE	ES AND DEDODES ON WE	71.0	<i></i>
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A			
DIFFERENT RESERVO	OIR. USE "APPLICATION FOR PE 11) FOR SUCH PROPOSALS.)	ERMIT"	7. Lease Name or Unit Agreement Name
1. Type of Well:	THE CORES.		EUNICE MONUMENT
WELL X WELL	OTHER		South Unit -B
2. Name of Operator Cheuron USA TN	10		8. Well No.
3. Address of Operator	10.		9. Pool name or Wildcat
P.O. Box 1150 MiDIAN	10 TX 79702 AHN	Rm 4111	EUNICE MONUMENT / GRAY DURG
4. Well Location			, ,
Unit Letter : 23/0	Feet From The South	Line and <u>990</u>	Feet From The WEST Line
Section //	Township 205 R	ange 36F	NMPM LEA County
	Township 20.5 R. 10. Elevation (Show whether	DF, RKB, RT, GR, etc.)	NMPM ZE4 County
11. Check An	ZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZ	N. CNT I	
NOTICE OF INTE	propriate Box to Indicate		
	ATION TO.	SUB	SEQUENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	OPNS. PLUG AND ABANDONMENT
PULL OR ALTER CASING		CASING TEST AND CE	
OTHER:		l ^	0.00
12 Describe Proceed on Complete Co.	(4)	1	Ф
 Describe Proposed or Completed Operations work) SEE RULE 1103. 	. (Clearly state all pertinent details, an	nd give pertinent dates, includi	ing estimated date of starting any proposed
MIRU CHANGE OUT WELL h	EAD W/6"X900'S	ENES. TST CSG	9 to 500 psi. OK 30 min.
TIH tag @ 3890'-40"	75' Run 1095 CI	VL-GR-CALDER	Feet 3734-3860'
,			
W 3/8 GUNS 2 SHPF	180° total 164 A	oles Aco'z u	1/1700 GAIS 15% NEFE
SWAD BACK RYN ROLL	+ +69 TURNOU	ER to prod	duction
,		•	
I hereby certify that the information above is true and	complete to the heat of my knowledge and I		
E O 1 State		TO Dola	5/20/01
SIGNATURE	TML	<u> </u>	DATE 3/30/9/
TYPE OR PRINT NAME E.O. DO HE	sety	·	68 [- 78]Z TELEPHONE NO.
(This space for State Use) Urig. Signed	l hw		_
Paul Kau	tzi T		
APPROVED BY Geologis	mu	ž	