

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-103  
Revised 1-1-89

**OIL CONSERVATION DIVISION**

**DISTRICT I**

P.O. Box 1980, Hobbs NM 88241-1980

**DISTRICT II**

P.O. Drawer DD, Artesia, NM 88210

**DISTRICT III**

1000 Rio Brazos Rd., Aztec, NM 87410

2040 Pacheco St.  
Santa Fe, NM 87505

WELL API NO. 30-025-29598
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name EUNICE MONUMENT SOUTH UNIT
8. Well No. 118
9. Pool name or Wildcat EUNICE MONUMENT; GRAYBURG-SAN ANDRES

1. Type of Well: OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER INJECTOR
2. Name of Operator Chevron U.S.A. Inc.
3. Address of Operator P.O. Box 1150, Midland, TX 79702
4. Well Location Unit Letter <u>I</u> : <u>1980</u> Feet From The <u>SOUTH</u> Line and <u>560</u> Feet From The <u>EAST</u> Line Section <u>25</u> Township <u>20S</u> Range <u>36E</u> NMPM LEA County
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3538'

**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.)

11. 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"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>		CASING TEST AND CEMENT JCB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: <u>PERFD. ACZD</u> <input checked="" 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.

POH W/INJ EQPT. TAGGED FILL @ 3594'; CO TO 4028'. PERFD 3834'-4024' W/3 JHPF. ACZD W/2000 GALS 15%. RIH W/INJ TBG, PKR @ 3676'. RETURNED WELL TO INJECTION.

WORK PERFORMED 1/28/98 - 2/3/98

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

SIGNATURE J.K. Ripley TITLE TECH ASSISTANT DATE 5/14/98  
TYPE OR PRINT NAME J. K. RIPLEY TELEPHONE NO. (915)687-7148

(This space for State Use)

APPROVED BY [Signature] TITLE [Signature] DATE MAY 16 1998  
CONDITIONS OF APPROVAL, IF ANY: [Signature]