Submit 3 Copies to Appropriate District Office	State of New Mexico Energy, Minerals and Natural Resources Department		Form C-103 Revised 1-1-89		
<u>DISTRICT I</u> P.O. Bax 1980, Hobbs, NM 88240	OIL CONSERVATION DIVISION P.O. Box 2088		WELL API NO.		
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	Santa Fe, New Mexico 87504-2088		5. Indicate Type		
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410				STATE     FEE ±x       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.)			7. Lease Name or Unit Agreement Name		
1. Type of Well: OIL CAS WELL WELL	other Ini	ector	Eunice Monument South Unit		
<ol> <li>Name of Operator Chevron U.S.A. Inc.</li> <li>Address of Operator</li> </ol>	······································		8. Weil No. 118		
P.O. Box 670, Hobbs,	<u>NM 88240</u>		9. Pool name or Eunice Mor	Wildcat	
4. Well Location Unit Letter :	Feet From The South	Line and 560		n The East Line	
Section 25			NMPM	Lea County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3535.7					
11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data					
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:					
		REMEDIAL WORK			
	CHANGE PLANS	COMMENCE DRILLING	OPNS.		
PULL OR ALTER CASING	CASING TEST AND CE				
OTHER: Perf, acdz	KX	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 perforate three intervals in Grayburg zone 5, (3992-96, 4006-10, 4020-24 with 4" guns at 2 JHPF), then acidize intervals selectively in zones 2 thru 5, (except for the new perfs, the zones to be acidized are perfs which did not accept significant amounts of injection during a 1987 profile study). Swab all perfs, RIH w/ injection equip. Turn over to the production dept.					
I hereby certify that the information above is true and complete to the best of my knowledge and belief.					
SKONATURE C.K. Elmand	TTTT	E Technical As	sistant	DATE 1-30-89	
TYPE OR PRINT NAME				TELEPHONE NO.	
(This space for State Use)				IAN 9 4 1000	

APPROVED BY ....

JAN 3 1 1989