

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department  
**OIL CONSERVATION DIVISION**

Form C-103  
Revised 1-1-89

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

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

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)		API NO. (assigned by OCD on New Wells) <b>30-025-29820</b>
1. Type of Well: OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER INJECTOR <input type="checkbox"/>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator <b>CHEVRON U.S.A. INC.</b>		6. State Oil & Gas Lease No. <b>N/A</b>
3. Address of Operator <b>P.O. BOX 1150 MIDLAND, TX 79702 ATTN: NITA RICE</b>		7. Lease Name or Unit Agreement Name <b>EUNICE MONUMENT SOUTH UNIT</b>
4. Well Location Unit Letter <b>K</b> : <b>2280</b> Feet From The <b>NORTH</b> Line and <b>1980</b> Feet From The <b>WEST</b> Line Section <b>36</b> Township <b>20 SOUTH</b> Range <b>36E</b> NMPM <b>LEA</b> County		8. Well No. <b>164</b>
10. Elevation (Show whether DF, RKB, RT, GR, etc.) <b>3540.5' GL</b>		9. Pool name or Wildcat <b>EUNICE MONUMENT/GB/SA</b>

11 Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
<b>NOTICE OF INTENTION TO:</b>	<b>SUBSEQUENT REPORT OF:</b>
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CMT JOB <input type="checkbox"/>
OTHER: <input type="checkbox"/>	OTHER: <b>ACDZ</b> <input checked="" type="checkbox"/>

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including anticipated date of starting any proposed work) SEE RULE 1103.

WORK STARTED 04/28/94  
ACDZ WELL W/5000 GALS 15% HCL NEFE & UNISOL SOLUTION. FLUSH.  
RD. TURN WELL OVER TO PRODUCTION.

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

SIGNATURE Wendi Kingston TITLE **TECH. ASSISTANT** DATE: **05/12/94**  
TYPE OR PRINT NAME **WENDI KINGSTON** TELEPHONE NO. **(915)687-7436**

APPROVED BY Paul Kautz TITLE **Geologist** DATE **MAY 17 1994**  
CONDITIONS OF APPROVAL, IF ANY: