Submit 3 Copies to Appropriate District Office

CONDITIONS OF APPROVAL, IF ANY:

State of New Mexico Energy, Minerais and Natural Resources Department

Form C	-103
Revised	1-1-89

DISTRICT I P.O. Box 1980, Hobbs, NM 88240	P.O. Box 1980, Hobbs, NM 88240 P.O. Box 2088 DISTRICT II P.O. Drawer DD, Artesia, NM 88210 DISTRICT III		WELL API NO.		
DISTRICT II P.O. Drawer DD. Artesia, NM 88210			30-025-3108 5. Indicate Type of Lease	30	
DISTRICT III			· -	TATE FEE XX	
1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil & Gas Lease h	√o.	
(DO NOT USE THIS FORM FOR PRODIFFERENT RESERVICES (FORM C	ICES AND REPORTS ON NO POSALS TO DRILL OR TO DEE RVOIR. USE "APPLICATION FOR SUCH PROPOSALS.)	PEN OR PLUG BACK TO A	7. Lease Name or Unit Ag	reement Name	
1. Type of Well: OIL GAS					
2. Name of Operator	oner Injection		Eunice Monument South Unit B		
Chevron U.S.A. Inc.			855		
3. Address of Operator			9. Pool name or Wildcat		
P. O. Box 1150, Midlan 4. Well Location	d. Texas 79702		L Eunice Monumen	t GR/SA	
Unit Letter _E : 145	O Feet From The North	Line and 870	Feet From The W	est Line	
Section 11	Township 20S	Range 36E	Maria Ton	_	
		ther DF, RKB, RT, GR, etc.)	NMPM Lea	County	
(/////////////////////////////////////	Ammariata Day to Indias	to Notice of Notice D			
NOTICE OF INT	Appropriate Box to Indica		Report, or Other Data RISEQUENT REPO		
	т	- ,	SEQUENT REPU	HI OF:	
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTER	ING CASING	
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT			
PULL OR ALTER CASING	٠.	CASING TEST AND C	CASING TEST AND CEMENT JOB		
OTHER:	[OTHER: Report	OTHER: Report of Cellar Inspection X		
12. Describe Proposed or Completed Operation SEE RULE 1103. 2/17/92 - Inspection dor Everything O.H	ne on cellar and sur				
<u></u> <u></u>	•	· · · · · · · · · · · · · · · · · · ·			
The state of the s					
I hereby certify that the information above is true	and complete to the best of my knowledge				
SIGNATURE J. A. A. A. C.	· · · · · · · · · · · · · · · · · · ·	TME Technical As	sistant DAT	2/18/92	
TYPE OR PRINT NAME			TELL	PHONE NO.	
(This space for State Use)	10.	OII. & GAS	ACTOD TONE	FFB 2 1132	
APPROVED BY CILL YES	W.	TITLE COLLEGE	DATI	·	