Submit 3 Copies To Appropriate District Office
District I
1625 N. French Dr., Hobbs, NM 87240
District II
811 South First, Artesia, NM 87210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
2040 South Pacheco, Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION
2040 South Pacheco
Santa Fe, NM 87505

Form C-103
Revised March 25, 1999

WELL API NO.
30-025-34087

5. Indicate Type of Lease
STATE ☒ FEE ☐

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.)

1. Type of Well:
Oil Well ☒   Gas Well ☐   Other

7. Lease Name or Unit Agreement Name:

MONUMENT 23 STATE

2. Name of Operator
Chevron U.S.A. Inc.

8. Well No.
13

3. Address of Operator
P.O. Box 1150 Midland, TX 79702

9. Pool name or Wildcat
MONUMENT;ABO, NORTH

4. Well Location

Unit Letter ___J___ : __1688__ feet from the __SOUTH__ line and __2107__ feet from the __EAST__ line

Section __23__   Township __19S__ Range __36E__ NMPM   County __LEA__

10. Elevation *(Show whether DR, RKB, RT, GR, etc.)*

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK	☐	PLUG AND ABANDON	☐
TEMPORARILY ABANDON	☒	CHANGE PLANS	☐
PULL OR ALTER CASING	☐	MULTIPLE COMPLETION	☐
OTHER:			☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK	☐	ALTERING CASING	☐
COMMENCE DRILLING OPNS.	☐	PLUG AND ABANDONMENT	☐
CASING TEST AND CEMENT JOB	☐		
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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation.

POH W/PROD EQPT. SET CICR @ 7230', CAP W/35' CMT. FILL WB W/2% KCL WTR W/CORROSION
CHEMICALS. TEST PER OCD GUIDELINES.

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

SIGNATURE _J. K. Ripley_   TITLE _REGULATORY O.A._   DATE _11/27/00_

Type or print name _J. K. RIPLEY_   Telephone No. _(915) 687-7148_

(This space for State use)

Orig. Signed by
Paul Kautz
Geologist

APPROVED BY_____ TITLE _____ DATE_____
Conditions of approval, if any: