

Submit 3 Copies  
to Appropriate  
District Office

2

State of New Mexico  
Energy, Minerals and Natural Resources Department  
**OIL CONSERVATION DIVISION**  
P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

Form C-103  
Revised 1-1-89

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

|   |                       |
|---|-----------------------|
| API NO. (assigned by OCD on New Wells)  | 30-025-06139          |
| 5. Indicate Type of Lease<br>STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>   |                       |
| 6. State Oil & Gas Lease No.  | N/A                   |
| 7. Lease Name or Unit Agreement Name  | THEODORE ANDERSON     |
| 8. Well No.   | 2                     |
| 9. Pool name or Wildcat   | EUNICE MONUMENT CB/SF |
| 4. Well Location<br>Unit Letter C : 660 Feet From The NORTH Line and 1980 Feet From The WEST Line<br>Section 17 Township 20 S Range 37E NMPM LEA County |                       |
| 10. Elevation(Show whether DF, RKB, RT, GR, etc.)   | 3544' GL              |

**SUNDRY NOTICES AND REPORTS ON WELLS**  
(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.)

|   |  |
|---|--|
| 1. Type of Well:<br>OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>                       | 2. Name of Operator<br>CHEVRON U.S.A. INC.       |
| 3. Address of Operator<br>P.O. BOX 1150 MIDLAND, TX 79702 ATTN: NITA RICE   | 8. Well No.<br>2                                 |
| 4. Well Location<br>Unit Letter C : 660 Feet From The NORTH Line and 1980 Feet From The WEST Line<br>Section 17 Township 20 S Range 37E NMPM LEA County | 9. Pool name or Wildcat<br>EUNICE MONUMENT CB/SF |
| 10. Elevation(Show whether DF, RKB, RT, GR, etc.)   | 3544' GL   |

|   |  |
|---|--|
| 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"/> PLUG AND ABANDON <input checked="" type="checkbox"/> | REMEDIAL WORK <input type="checkbox"/> ALTER CASING <input type="checkbox"/>             |
| TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/>                  | COMMENCE DRILLING OPNS. <input type="checkbox"/> PLUG AND ABAN. <input type="checkbox"/> |
| PULL OR ALTER CASING <input type="checkbox"/>   | CASING TEST AND CMT JOB <input type="checkbox"/>   |
| OTHER: <input type="checkbox"/>   | OTHER: <input 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.

WE PROPOSE TO PLUG AND ABANDON THIS WELL AS FOLLOWS:  
PLUG #1, SET 30 SX, (100') BALANCED PLUG 2320-2420' (COVERS 7-5/8" SHOE)  
PLUG #2, 30 SX F/1090-1190' (COVERS SALT ZONE)  
PLUG #3, PERF @ 285', SQZ W/45 SX & TOP CIRC W/5 SX CAP.  
PLUG #4, 15 SX SURFACE PLUG  
ALL PLUGS ARE CLASS-C NEAT MIXED AT 14.8 PPG, 1.32 CU/FT SX. DISPLACE HOLE WITH 9.5 PPG MUD LADEN FLUID.  
PULL DEAD MAN ANCHORS, FILL PITS, LEVEL LOCATION, PLACE P&A MARKER & CHANGE STATUS OF WELL TO PLUGGED AND ABANDONED.

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

SIGNATURE Nita Rice TITLE TECHNICAL ASSISTANT DATE: 12/1/93  
TYPE OR PRINT NAME NITA RICE TELEPHONE NO. (915)687-7436

APPROVED BY  
CONDITIONS OF APPROVAL, IF ANY:

ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I SUPERVISOR

DATE

DEC 06 1993