STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
OPERATOR		

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

5a. Indicate Type of Lease: State [X] Fee [ ]

5. State Oil & Gas Lease No.: B-2422

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. OIL WELL [X] GAS WELL [ ] OTHER-

7. Unit Agreement Name: Eunice Monument Unit

2. Name of Operator: TEXACO Inc.

8. Farm or Lease Name: Eunice Monument Unit

3. Address of Operator: P. O. Box 728, Hobbs, New Mexico 88240

9. Well No.: 37

4. Location of Well: UNIT LETTER A, 660 FEET FROM THE North LINE AND 660 FEET FROM THE East LINE, SECTION 30 TOWNSHIP 20-S RANGE 37-E NMPM.

10. Field and Pool, or Wildcat: Eunice Monument (G-SA)

15. Elevation (Show whether DF, RT, GR, etc.): 3532' DF

12. County: Lea

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK [ ]	PLUG AND ABANDON [ ]	REMEDIAL WORK [ ]	ALTERING CASING [ ]
TEMPORARILY ABANDON [ ]		COMMENCE DRILLING OPNS. [ ]	PLUG AND ABANDONMENT [ ]
PULL OR ALTER CASING [ ]	CHANGE PLANS [ ]	CASING TEST AND CEMENT JOB [ ]	
OTHER [ ]		OTHER Repair Water Flow [X]	

17. 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.

1. PULLED RODS AND PUMP. INSTALL BOP. PULL TUBING.
2. SET RBP @ 3514' AND SPOT 2 SX SAND ON PLUG.
3. PERFORATE 7" CSG W/2-JS @ 1164'.
4. SET CEMENT RETAINER @ 1044'. CEMENT PERFORATIONS @ 1164' W/280 SX CLASS H CEMENT CONTAINING 2% CACL. CEMENT CIRCULATED. SQUEEZE W/ ADDL 200 SX CLASS H CEMENT CONTAINING 2% CACL. WOC. DOC.
5. TESTED 7" CASING TO 600# FOR 30 MINUTED, 1:30-2:00 PM, 12-7-83. TESTED OK.
6. INSTALL PUMPING EQUIPMENT. TEST AND RETURN TO PRODUCTION.

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

SIGNED [signature] TITLE Asst. Dist. Mgr. DATE 12-22-83

APPROVED BY ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR TITLE DATE DEC 27 1983

CONDITIONS OF APPROVAL, IF ANY: