Submit 3 Copies to Appropriate District Office

Energy

State of New Mexico inerals and Natural Resources Department

Form C-103 Revised 1-1-89

DISTRICT

OIL CONSERVATION DIVISION

P.O. Box 1980, Hobbs, NM 88240		O'A DI ATQIOIA	WELL API NO.	
DISTRICT II			EMSU-128 30-025-06285	
P.O. Drawer DD, Artesia, NM 88210		3 07504-2088	5. Indicate Type of Lease	
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410			STATE	FEE _
			6. State Oil & Gas Lease No.	
SUNDRY NOT	ICES AND REPORTS ON WE	LIS	1/////////////////////////////////////	7//////
(DO NOT USE THIS FORM FOR PRO	OPOSALS TO DRILL OR TO DEEDE	N OP BLUC BACK TO A		
סוו ו בעבוזו עבסבו	RVOIR. USE "APPLICATION FOR PI -101) FOR SUCH PROPOSALS.)	ERMIT"	7. Lease Name or Unit Agreement Nam Eunice monuments	
I. Type of Well:			- EUNICE MONUMENTS	OUTH UNIT
OIL GAS WELL	OTHER INJE	+1001 1/01/		
2. Name of Operator		ellow well	D TILLIAY	
Chev	ROW U.SA INC		8. Well No.	
o			9. Pool name or Wildcat	
4. Well Location	MIDLAND TX 797	102 (J. Ripley)	EMSU	
Unit Letter O . (60				
	Feet From The South	Line and 1980	Feet From The EAST	Line
Section 3 D				
	Township 205 Rs	DF, RKB, RT, GR, esc.)	NMPM	County
Check A	Appropriate Box to Indicate	Nature of Notice, Re	port, or Other Data	
NOTICE OF INT	ENTION TO:		SEQUENT REPORT OF	
PERFORM REMEDIAL WORK	PLUG AND ABANDON	1		, -
TEMPORARILY ABANDON		FIEMEDIAL WORK	ALTERING CASING	;
_	CHANGE PLANS	COMMENCE DRILLING	OPNS. PLUG AND ABAND	ONMENT :
PULL OR ALTER CASING		CASING TEST AND CEN		_
OTHER:			VIENT JOB	_
10.0		CTHER:		
 Describe Proposed or Completed Operation work) SEE RULE 1103. 	008 (Clearly state all pertinent details, an	d give periineni daies, includii	ng estimated date of starting any proposed	
Shut well BALL	in for all in the		. <u>_</u>	
Shut well BACK-	in for 24 krs, Re	obened 80 bs	, Bled to 0 in	5 sec
Well is ok				
I hereby certify that the information above is true an	id complete to the heat of my knowledge h.	o in a second		
	, and some of my andwardige and be) <u> </u>		
SIGNATURE COLUMN	TITLE	_T.U	DATE 1/-24-	98
TYPE OR PRINT NAME	1			
			TELEPHONE NO.	

(This space for State Use) APPROVED BY - TITLE -CONDITIONS OF APPROVAL, IF ANY:

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