

Submit 3 Copies  
to Appropriate  
District Office

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) <b>30-025-06288</b>	
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>	
6. State Oil & Gas Lease No. <b>2616</b>	
7. Lease Name or Unit Agreement Name <b>EUNICE MONUMENT SOUTH UNIT</b>	
8. Well No. <b>126</b>	
9. Pool name or Wildcat <b>GOSA</b> <b>EUNICE MONUMENT SOUTH UNIT</b>	

**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 INJECTOR ☐

2. Name of Operator  
**CHEVRON U.S.A. INC.**

3. Address of Operator  
**P.O. BOX 1150 MIDLAND, TX 79702 ATTN: WENDI KINGSTON**

4. Well Location  
Unit Letter **M** Section **30** Township **20S** Range **37E** Line and Range **660** Feet From The **SOUTH** Line **660** Feet From The **WEST** Line  
NMPM LEA County

10. Elevation (Show whether DF, RKB, ST, GR, etc.)  
**3541' DF**

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"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CMT JOB <input type="checkbox"/>
OTHER: <b>INJECTOR STIM</b> <input type="checkbox"/>	OTHER: <input checked="" 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.

MIRU, TAG TD.  
ACDZ W/4000 GALS 15% NEFEA.  
RDMO. TURN WELL OVER TO PRODUCTION 12/7/95.

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

SIGNATURE <i>Wendi Kingston</i>	TITLE <b>TECH. ASSISTANT</b>	DATE <b>12/20/95</b>
TYPE OR PRINT NAME <b>WENDI KINGSTON</b>		TELEPHONE NO. <b>(915)687-7826</b>

APPROVED BY *[Signature]* TITLE *[Blank]* DATE **DEC 27 1995**  
CONDITIONS OF APPROVAL, IF ANY: