

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

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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 <input type="checkbox"/> GAS <input type="checkbox"/> WELL <input type="checkbox"/> WELL <input type="checkbox"/> OTHER INJECTOR <input type="checkbox"/>	
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 _____ 660 Feet From The _____ SOUTH Line and _____ 660 Feet From The _____ WEST Line Section _____ 30 _____ Township _____ 20S _____ Range _____ 37E _____ NMPM _____ LEA _____ County _____	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3541' DF	

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
<b>NOTICE OF INTENTION TO:</b> PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> OTHER: INJECTOR STIM <input checked="" type="checkbox"/>	<b>SUBSEQUENT REPORT OF:</b> REMEDIAL WORK <input type="checkbox"/> ALTER CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> CASING TEST AND CMT JOB <input type="checkbox"/> OTHER: <input type="checkbox"/>

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including anticipated date of starting any proposed work) SEE RULE 1103.

MIRU, TAG TD. CLEAN OUT FILL TO TD.  
ACDZ W/4000 GALS 15% NEFEA.  
RDMO. TURN WELL OVER TO PRODUCTION.

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

SIGNATURE	<i>Wendi Kingston</i>	TITLE	TECH. ASSISTANT	DATE:	11/29/95
TYPE OR PRINT NAME	WENDI KINGSTON	TELEPHONE NO.	(915)687-7826		

APPROVED BY	TITLE	DATE
CONDITIONS OF APPROVAL, IF ANY:		