

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department
OIL CONSERVATION DIVISION

Form C-103
Revised 1-1-89

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

DISTRICT I

P.O. Box 1880, 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)

30-025-06290

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

N/A

7. Lease Name or Unit Agreement Name

EUNICE MONUMENT SOUTH UNIT

8. Well No.

116

9. Pool name or Wildcat

EUNICE MONUMENT/GB/SA

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:

OIL

GAS

WELL ☐

WELL ☐

OTHER

INJECTOR

2. Name of Operator

CHEVRON U.S.A. INC.

3. Address of Operator

P.O. BOX 1150 MIDLAND, TX 79702 ATTN: NITA RICE

4. Well Location

Unit Letter

K

1980

Feet From The

SOUTH

Line and

1980

Feet From The

WEST

Line

Section

30

Township

20 SOUTH

Range

37E

NMPM

LEA

County

10. Elevation(Show whether DF, RKB, RT, GR, etc.)

3537' GL

11

Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK

☐

PLUG AND ABANDON

☐

TEMPORARILY ABANDON

☐

CHANGE PLANS

☐

PULL OR ALTER CASING

☐

OTHER:

☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK

☐

ALTER CASING

☐

COMMENCE DRILLING OPNS.

☐

PLUG AND ABAN.

☐

CASING TEST AND CMT JOB

☐

OTHER: C/O W/COILED TBG, ACDZ

☒

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.

WORK STARTED 4/27/94

ACDZ WELL W/1500 GALS 15% HCL NEFE & UNISOL. FLUSH.

RD. TURN WELL OVER TO PRODUCTION.

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

SIGNATURE

Wendi Kingston

TITLE

TECH. ASSISTANT

DATE:

05/12/94

TYPE OR PRINT NAME

WENDI KINGSTON

TELEPHONE NO. (915)687-7436

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: