Submit 3 Copies to Appropriate

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

Form C-103 Revisied 1-1-89

District Office	OIL CONSERVATION DIVISION				
	P.O. Box 2088				
DISTRICT I	Santa Fe, New Mexico 87504-208	38			
P.O. Box 1980, Hobbe, NM 88240					
DISTRICT II P.O. Drawer Dd, Artesia, NM 88210	API NO. (assigned by OCD on New Wells)				
DISTRICT III		30-025-06290			
1000 Rio Brazos Rd., Aztec, Nm 87410		5. Indicate Type of Lease STATE X FEE			
		6. State Oil & Gas Lease No.			
SUNDRY NO	OTICES AND REPORTS ON WELLS				
(DO NOT USE THIS FORM FOR DIFFERENT RES	R PROPOSALS TO DRILL OR TO DEEPEN OR PLUG E SERVOIR. USE "APPLICATION FOR PERMIT" 101) FOR SUCH PROPOSALS.)	BACK 7. Lesse Name or Unit Agreement Name EUNICE MONUMENT SOUTH UNIT			
Type of Well: OIL GAS					
WELL WELL	OTHER INJECTOR				
2. Name of Operator CHEVRON U.S.A. INC.		8. Well No.			
3. Address of Operator	116				
P.O. BOX 1150 MIDLAND, TX 79	9. Pool name or Wildcat EUNICE MONUMENT/GB/SA				
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 COURT			
	10. Elevation(Show whether DF, RKB, RT, GR, 3537' GL	etc.)			
11 Check Appro	opriate Box to Indecate Nature of Notice, Report, or	Other Date			
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:					
NOTICE OF INTENTION	I SUBSEQUEN				
PERFORM REMEDIAL WORK PLUG AND AS	- CODOLGOLI				
	BANDON REMEDIAL WORK	ALTER CASING			
PERFORM REMEDIAL WORK PLUG AND A	BANDON REMEDIAL WORK COMMENCE DRILLING OPNS.				
PERFORM REMEDIAL WORK PLUG AND ALTERPORARILY ABANDON CHANGE PLA	BANDON REMEDIAL WORK COMMENCE DRILLING OPNS. CASING TEST AND CMT JOB	ALTER CASING			
PERFORM REMEDIAL WORK TEMPORARILY ABANDON PULL OR ALTER CASING OTHER: C/O W/COILD TBG, ACD	BANDON REMEDIAL WORK COMMENCE DRILLING OPNS. CASING TEST AND CMT JOB OTHER:	ALTER CASING PLUG AND ABAN.			
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I hereby certify that the joint matters about it the	and complete to the best of	if my knowledge and belief.		
SIGNITURE	TYSIDE TILE	TECH. ASSISTANT	DATE:	04/05/94
TYPE OF PRINT NAME WENDI KINGSTON		TELEPHONE NO. (915)687-7436		
APPROVED BY	TITLE	Particles	DATE	APR 0 7 1994
CONDITIONS OF APPROVAL, IF ANY:				