

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

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DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease	
State ☒	Fee ☐
5. State Oil & Gas Lease No.	

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.)

OIL WELL ☐	GAS WELL ☐	OTHER- Injector	7. Unit Agreement Name Eunice Monument South Unit
Name of Operator Chevron U.S.A. Inc.			8. Farm or Lease Name
Address of Operator P.O. Box 670 Hobbs, NM 88240			9. Well No. 116
Location of Well UNIT LETTER <u>K</u> <u>1980</u> FEET FROM THE <u>South</u> LINE AND <u>1980</u> FEET FROM <u>West</u> <u>30</u> LINE, SECTION <u>20S</u> TOWNSHIP <u>37E</u> RANGE <u>37E</u> NMPM.			10. Field and Pool, or WHDCAT Eunice Monument G/SA
15. Elevation (Show whether DF, RT, GR, etc.) <u>3537'</u> GL			12. County Lea

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO:

FORM REMEDIAL WORK ☐	PLUG AND ABANDON ☐
PERMANENTLY ABANDON ☐	CHANGE PLANS ☐
ON OR ALTER CASING ☐	OTHER ☒ Deepen and convert to injection

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐	ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐	OTHER ☐

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.

Clean out to TD @ 3837. Deepen well from 3837 ' to 3937 '. Log well.
Add additional Grayburg perforations as logs indicate. Acidize as necessary.
Equip for injection. Test casing, packer, and tubing to 600 psi for 30 minutes.
Return to production as an injector.

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

Signed M. E. Ahern TITLE Staff Drilling Engineer

DATE 3-9-87

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT 1 SUPERVISOR

VED BY _____ TITLE _____

DATE Mar 10 1987

DITIONS OF APPROVAL, IF ANY: