

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 1980, Hobbs, NM 88240

DISTRICT II

P.O. Drawer Dd, Artesia, NM 88210

DISTRICT III

1000 Rio Brazos Rd., Aztec, Nm 87410

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 <input type="checkbox"/> GAS <input type="checkbox"/> WELL <input type="checkbox"/> WELL <input type="checkbox"/> OTHER INJECTOR <input type="checkbox"/>	API NO. (assigned by OCD on New Wells) <b>30-025-06297</b>												
2. Name of Operator <b>CHEVRON U.S.A. INC.</b>	5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>												
3. Address of Operator <b>P.O. BOX 1150 MIDLAND, TX 79702 ATTN: WENDI KINGSTON</b>	6. State Oil & Gas Lease No. <b>2616</b>												
4. Well Location Unit Letter <b>M</b> <b>10</b> Section <b>31</b> Feet From The <b>660</b> Township <b>20S</b> Line and Range <b>37E</b> Feet From The <b>660</b> NMPM <b>WEST</b> Line County <b>LEA</b>	7. Lease Name or Unit Agreement Name <b>EUNICE MONUMENT SOUTH UNIT</b>												
10. Elevation(Show whether DF, RKB, RT, GR, etc.) <b>3537'</b>	8. Well No. <b>170</b>												
9. Pool name or Wildcat <b>EUNICE MONUMENT SOUTH UNIT</b>													
11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data <table border="0"><tr><td>PERFORM REMEDIAL WORK <input type="checkbox"/></td><td>PLUG AND ABANDON <input type="checkbox"/></td><td>REMEDIAL WORK <input type="checkbox"/></td><td>ALTER CASING <input type="checkbox"/></td></tr><tr><td>TEMPORARILY ABANDON <input type="checkbox"/></td><td>CHANGE PLANS <input type="checkbox"/></td><td>COMMENCE DRILLING OPNS. <input type="checkbox"/></td><td>PLUG AND ABAN. <input type="checkbox"/></td></tr><tr><td>PULL OR ALTER CASING <input type="checkbox"/></td><td>OTHER: <b>INJECTOR STIM</b> <input type="checkbox"/></td><td>CASING TEST AND CMT JOB <input type="checkbox"/></td><td>OTHER: <input checked="" type="checkbox"/></td></tr></table>		PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTER CASING <input type="checkbox"/>	TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABAN. <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	OTHER: <b>INJECTOR STIM</b> <input type="checkbox"/>	CASING TEST AND CMT JOB <input type="checkbox"/>	OTHER: <input checked="" type="checkbox"/>
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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. <b>MIRU, TAG TD. CLEAN OUT FILL TO TD. ACDZ PERFS 3639'-3917' &amp; OH 3735'-3997' W/5000 GALS 15% NEFEA. RDMO. TURN WELL OVER TO PRODUCTION 11/30/95.</b>													

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

SIGNATURE <u><i>Wendi Kingston</i></u>	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 _____	TITLE _____	DATE <b>DEC 27 1995</b>
CONDITIONS OF APPROVAL, IF ANY: _____		

TCB