

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

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

Form C-103
Revised 10-1-7

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.)

1. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- Injector	7. Unit Agreement Name Eunice Monument South Unit
2. Name of Operator Chevron U.S.A. Inc.	8. Farm or Lease Name
3. Address of Operator P.O. Box 670 Hobbs, NM 88240	9. Well No. 170
4. Location of Well UNIT LETTER <u>M</u> <u>660</u> FEET FROM THE <u>South</u> LINE AND <u>660</u> FEET FROM THE <u>West</u> LINE, SECTION <u>31</u> TOWNSHIP <u>20S</u> RANGE <u>37E</u> NMPM.	10. Field and Pool, or Wildcat Eunice Monument
15. Elevation (Show whether DF, RT, GR, etc.) 3537' 66	12. County Lea

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

PERFORM REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐

PLUS AND ABANDON ☐
CHANGE PLANS ☐

OTHER Convert to Injector

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐
COMMENCE DRILLING OPS. ☐
CASING TEST AND CEMENT JOBS ☐

ALTERING CASING ☐
PLUS AND ABANDONMENT ☐

OTHER ☐

17. 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 and deepen to 3985'. Log well. Acidize as necessary. Equip well for injection. Test casing, packer, and tubing to 500 psi for 30 minutes. Place well on injection.

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

SIGNED P. H. B. [Signature]
ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

TITLE Division Drilling Manager DATE 4-9-1986

CONDITIONS OF APPROVAL, IF ANY:

TITLE _____ DATE APR 10 1986