Submit 3 Copies To Appropriate Distri		State of New Mexico Energy, Minerals and Natural Resources		Form C-100
District I 1625 N. French Dr., Hobbs, NM 87240		I invarai i voodii oo	WELL API NO.	Revised March 25, 199
District.II OII CONSEDVATION DIVISION			30-025-06300	
District III 2040 South Pacheco		5. Indicate Type of Lease		
1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, NM 87505		STATE 😿 FEE 🗌		
2040 South Pacheco, Santa Fe, NM 875	505		6. State Oil & Gas	Lease No.
SUNDRY NO (DO NOT USE THIS FORM FOR PE DIFFERENT RESERVOIR. USE "AF PROPOSALS.) 1. Type of Well:	7. Lease Name or Unit Agreement Name:			
Oil Well Gas Well Other INJECTOR			EUNICE MONUMENT SOUTH UNIT	
2. Name of Operator			8. Well No.	
Chevron U.S.A. Inc.			160	
3. Address of Operator			9. Pool name or Wildcat	
P.O. Box 1150 Midland, TX 79702 4. Well Location			EUNICE MONUMENT; GRAYBURG-SAN ANDRES	
1. Well Eccation				
Unit Letter K	1980 feet from the	south line and	1980 feet from	n the WEST line
Section 31	Township	20s Range 37E	NMPM	County
		whether DR, RKB, RT, GR, et	tc.)	County LEA
		3529 <i>*</i>		
11. Chec	k Appropriate Box to I	ndicate Nature of Notice,	Report, or Other	Data
NOTICE OF IN	NTENTION TO:		SEQUENT REP	
PERFORM REMEDIAL WORK [PLUG AND ABANDO	N REMEDIAL WORK		ALTERING CASING
TEMPORARILY ABANDON [CHANGE PLANS	COMMENCE DRILL	ING OPNS.	PLUG AND
PULL OR ALTER CASING [MULTIPLE COMPLETION	CASING TEST AND CEMENT JOB		ABANDONMENT
OTHER:		OTHER: CLEANED	NTI LOUD	,
12. Describe Proposed or Complete of starting any proposed work or recompilation.	leted Operations (Clearly st k). SEE RULE 1103. For M	ate all pertinent details, and gi		cluding estimated date proposed completion
Washed Thru OH & Perfs DOWN BACKSIDE, WHEN FOA	M REACHED 3637', START	SSES, CIRC 2 TIMES BOTTO ED PPG ACID. ACZD 3637'	-3756/ W/1550	
W/N2. RETURNED WELL TO	WELL 30 MIN TO LET ACI INJECTION.	D SPEND. FLOWED DOWN; J	ETTED WEIL	
WORK PERFORMED 11/30/99	ı			
creby certify that the information abo	avo in true and annual to the	1		
ereby certify that the information abo	$9 \cdot 1$	best of my knowledge and belief.		
gnature G.K. K	pley	TITLE REGULATORY O.A.	DA	ATE 1/27/00
pe or print name J. K. RIPIEY	' (/			
his space for State use)			Telephone	No. (915)687-7148
PPROVED BY	* * * * * * * * * * * * * * * * * * *			
nditions of approval if any		_ TITLE	DAT	re