

Submit 3 Copies
to Appropriate
District Office

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

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Form C-103
Revised 1-1-89

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

API NO. (assigned by OCD on New Wells)

30-025-06303

5. Indicate Type of Lease

STATE



FEE ☐

6. State Oil & Gas Lease No.

E-230

7. Lease Name or Unit Agreement Name

EUNICE MONUMENT SOUTH UNIT

8. Well No.

136

9. Pool name or Wildcat

EUNICE MONUMENT/GB/SA

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

GAS

WELL ☐

WELL ☐

OTHER

INJECTOR

2. Name of Operator

CHEVRON U.S.A. INC.

3. Address of Operator

P.O. BOX 1150 MIDLAND, TX 79702 ATTN: NITA RICE

4. Well Location

Unit Letter

F

Section

31

660 Feet From The

Township 20S

NORTH

Line and

Range

1980

Feet From The

WEST

Line

37E

NMPM

LEA

County

10. Elevation(Show whether DF, RKB, RT, GR, etc.)

3531' GL

11

Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK



PLUG AND ABANDON



TEMPORARILY ABANDON



CHANGE PLANS



PULL OR ALTER CASING



OTHER:

CLEAN OUT/STIM



SUBSEQUENT REPORT OF:

REMEDIAL WORK



COMMENCE DRILLING OPNS.



CASING TEST AND CMT JOB



OTHER:



ALTER CASING



PLUG AND ABAN.



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.

WE PROPOSE TO: RU SLICKLINE UNIT. TAG FILL AT TD. IF FILL IS ABOVE
TD, THEN CLEAN OUT WITH COILED TBG. ACDZ W/ 3000 GALS 15% NEFEA/UNISOL.
TURN WELL OVER TO PROD.

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

SIGNATURE

Wendi Kingston

TITLE

TECH. ASSISTANT

DATE: 08/31/94

TYPE OR PRINT NAME

WENDI KINGSTON

TELEPHONE NO. (915)687-7826

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

DATE

SEP 02 1994