Submit 3 Copies to Appropriate

CONDITIONS OF APPROVAL, IF ANY:

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103 Revisied 1-1-89

District Office	OIL CONSE	RVATION	DIVISION				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
		P.O. Box 2088							
DISTRICT I P.O. Box 1980, Hobbs, NM 88240	Santa F	e, New Mexi	ico 87504-2	088					
DISTRICT II P.O. Drawer Dd, Artesia, NM 88210						API NO. (sessigned by OCD on New Wells) 30-025-06304			
DISTRICT III 1000 Rio Brazos Rd., Aztec, Nm 87410					Indicate Type of Lease STATE X FEE				
					6. State Oil & (<u></u>	'	
	TIMPRY MOTICES AND DE	DODES ON W			26)	b			
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OF PLUG BACK TO A									
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)					7. Lease Name or Unit Agreement Name EUNICE MONUMENT SOUTH UNIT				
1. Type of Well: OIL WELL	GAS WELL OTHER	INJECTOR							
2. Name of Operator	WELL OTHER	MAECION			0.14/.00				
CHEVRON U.S.A. INC.					8. Well No.				
3. Address of Operator					9. Pool name or Wildcat				
P.O. BOX 1150 MIDLAND, TX 79702 ATTN: WENDI KINGSTON 4. Well Location					EUNICE MONUMENT				
Unit Letter E Section 31		-000	NORTH	Line and		O Feet From The	WEST	Line	
Section	Town	Elevation(Show what	ther DF, RKB, RT, GF	Range Retc.)	37E	NMPM	LEA	County	
			3540'						
11	Check Appropriate Box to Indee	ate Nature of Not	ice, Report, or O	ther Data					
NOTICE OF INT				JENT RE	PORT OF:		_		
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL		X	1	ALTER CASING			
PULL OR ALTER CASING	CHANGE PLANS		CE DRILLING OPNS.	>	<u> </u>	PLUG AND ABAN	۱. [
OTHER:			EST AND CMT JOB	<u> </u>]		_	_	
		OTHER:		<u>-</u>					
Describe Proposed or Completed Constituted date of starting any proposed.		ils, and give pertinent	dates, including	<u> </u>					
MIRU 05/15	5/95. BREAK CIRC & TAG	FILL @3853'.							
C/O TO PBTD @3937'. ACDZ W/5000 GALS 15% HCL F/3653'-3920'.									
TURN WELL OVER TO PRODUCTION 05/15/95.									
I hereby certify that the information above	ve is true and complete to the best of m								
SIGNITURE TO SIGNITURE	PA TITLE	TECH.	ASSISTANT		DATE:	07/21/95			
TYPE OR PRINT NAME	WENDI KINGSTON			- -	TELEPHONE NO.	(915)687-7	826		
					1		-	_	
APPROVED BY	TITLE				DATE	\$20 # 18 mg			