Submit 3 Copies to Appropriate District Office

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

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

WELL API NO.
30-025-06304

5. Indicate Type of Lease STATE [X] FEE [ ]

6. 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.)

7. Lease Name or Unit Agreement Name
EUNICE MONUMENT SOUTH UNIT

1. Type of Well: OIL WELL [ ] GAS WELL [ ] OTHER WIW

2. Name of Operator
CHEVRON U.S.A. INC.

8. Well No.
146

3. Address of Operator
P.O. Box 670 Hobbs NM 88240

9. Pool name or Wildcat
EUNICE MONUMENT GRAYBURG

4. Well Location
Unit Letter E : 1980 Feet From The North Line and 660 Feet From The WEST Line

Section 31 Township 20S Range 37E NMPM LEA County

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

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

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK	[ ]	PLUG AND ABANDON	[ ]	REMEDIAL WORK	[ ]	ALTERING CASING	[X]
TEMPORARILY ABANDON	[ ]	CHANGE PLANS	[ ]	COMMENCE DRILLING OPNS.	[ ]	PLUG AND ABANDONMENT	[ ]
PULL OR ALTER CASING	[ ]			CASING TEST AND CEMENT JOB	[ ]		
OTHER:	[ ]			OTHER: RUN 4" CSG. PERF & ACD'Z			[X]

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.

REAM O.H F/3735-3940 TO 6¼" OD. RU & RUN 4" FJ K-55 10.46# FL-45 LINER CMT LINER @ 3940 W/100 SX "C" HSG W/16% GEL TAILED IN W/75 SX "C" CIRC 48 SX CMT TO SURF D/O CMT. & F.E. F/3895 TO 3932. RAN GR/CCL/CBL F 3927 TO 2000. PERF LINER W/2 1/8 GUNS 2 JHPF/180° 232 HOLES 3653-3920. ACD'Z PERFS W/5800 GALS 15% NEFE HCL

WORK STARTED 8/16/90
END 8/26/90

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

SIGNATURE M E Ellison 9/27/90 TITLE Staff Drlg. Engr. DATE 8/27/90

TYPE OR PRINT NAME 505 393-4121 TELEPHONE NO.

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: