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.)

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

7. Lease Name or Unit Agreement Name
Eunice Monument South Unit

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 Monement 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.)
3540' GL

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 [ ]
TEMPORARILY ABANDON [ ]	CHANGE PLANS [ ]	COMMENCE DRILLING OPNS. [ ]	PLUG AND ABANDONMENT [ ]
PULL OR ALTER CASING [ ]		CASING TEST AND CEMENT JOB [ ]	
OTHER: Under ream open hole, set 4" casing string, perf & acdz [X]		OTHER: [ ]	

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.

IT IS PROPOSED TO:

CLEAN OUT &.UNDER-REAM OPEN-HOLE
RUN 4" CASING FROM SURFACE TO TD & CMT
PERF & ACDZ AS NEEDED
RETURN TO INJECTION

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

SIGNATURE T M Bealessio TITLE Drlg. Engr. DATE 7-6-90

TYPE OR PRINT NAME T. M. Bealessio TELEPHONE NO. 393-4121

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: