

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

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

Form C-103
Revised 1-1-89

WELL API NO. 30-025-06305
5. Indicate Type of Lease STATE ☒ 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 ☐

2. Name of Operator
Chevron U.S.A. Inc.

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

4. Well Location
Unit Letter L : 1980 Feet From The South Line and 660 Feet From The West

Section 31 Township 20S Range 37E NMPM Lea
10. Elevation (Show whether OF, RKB, RT, GR, etc.) 3540' DF

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

8. Well No. 161

9. Pool name or Widened
Eunice Monument G-SA

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data
NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐
OTHER: ☐
PLUG AND ABANDON ☐
CHANGE PLANS ☐

SUBSEQUENT REPORT OF:
REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOB ☐
Log Add peris in Grayburg Zone 1&2
OTHER: Acdz.

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.

MIRU PU, TOH W/RODS & TBG
TIH W/ 4 3/4" BIT & CSG SCRAPER HAD 5K DRAG 3712 TO 3646
RU WL CO. RAN GR/NEUTRON/DENSITY/CCL
PERF ADD'L GRAYBURG W/4" HSC 180 DEG PHASING 2JHPF TTL 64 HOLES 3688-3702, 3660-80,
3646-54
TIH W/OS ENGAGE FISH @ 3659' TOH W/FULL RECOVERY
ACDZ NEW PERFS F/3646 TO 3702 W/2500 GAL 15% NEFE HCL & 80-1.1 RCNBS HAD GOOD BALL ACTION
PMAX-1700 MIN-VAC PAVG-650 PSI
RU SWB SFL-2700 SN @ 3580 REC O-BO 2-BW
TIH W/RODS & TBG TST TBG TO 500 PSI OK
TURN WELL OVER TO PRODUCTION
WORK STARTED 7-15-90 WORK ENDED 7-16-90

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

SIGNATURE M. E. Akins 7/18/90 TITLE Staff Drlg. Engr.
TYPE OR PRINT NAME M. E. Akins DATE 7-17-90

(This space for State Use)

TELEPHONE NO. 393-4121

APPROVED BY: _____ TITLE: _____ DATE: _____
CONDITIONS OF APPROVAL: 7 ANT.

JUL 1 1990