

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 1-1-88

DISTRICT I

P.O. Box 1880, 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)

30-025-06306

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.

134WIC

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

A

660

Feet From The

NORTH

Line and

660

Feet From The

EAST

Line

Section

31

Township

20S

Range

37E

NMPM

LEA

County

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

3526' 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:

REPAIR CSG LEAK & ACDZ



**SUBSEQUENT REPORT OF:**

REMEDIAL WORK



ALTER CASING



COMMENCE DRILLING OPNS.



PLUG AND ABAN.



CASING TEST AND CMT JOB



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.

WE PROPOSE TO : MIRU PU. ND WH, NU BOP. DUMP 350 SX CMT DN 7 5/8" X 5 1/2"  
ANNULUS TO SURF. IF CMT DOES NOT HOLD, GIH W/CICR & SQZ LEAK. ACDZ OH  
W/2500 GALS 15% NEFE. ND WH, NU BOP. RDMO. TURN WELL OVER TO PRODUCTION.

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:

10/03/94

TYPE OR PRINT NAME

WENDI KINGSTON

TELEPHONE NO.

(915)687-7826

APPROVED BY

TITLE

DATE

NOV 3 0 1994

CONDITIONS OF APPROVAL, IF ANY: