

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 1-1-89

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

SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)		API NO. (assigned by OCD on New Wells) 30-025-06310														
1. Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>														
2. Name of Operator CHEVRON U.S.A. INC.		6. State Oil & Gas Lease No. N/A														
3. Address of Operator P.O. BOX 1150 MIDLAND, TX 79702 ATTN: NITA RICE		7. Lessee Name or Unit Agreement Name EUNICE MONUMENT SOUTH UNIT														
4. Well Location Unit Letter J : 1980 Feet From The SOUTH Line and 1980 Feet From The EAST Line Section 31 Township 20S Range 37E NMPM LEA County		8. Well No. 159														
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3540' GE		9. Pool name or Wildcat EUNICE MONUMENT/GB-SA														
11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data																
<table border="0"><tr><td>NOTICE OF INTENTION TO:</td><td>SUBSEQUENT REPORT OF:</td></tr><tr><td>PERFORM REMEDIAL WORK <input type="checkbox"/></td><td>REMEDIAL WORK <input checked="" type="checkbox"/></td></tr><tr><td>TEMPORARILY ABANDON <input type="checkbox"/></td><td>COMMENCE DRILLING OPNS. <input type="checkbox"/></td></tr><tr><td>PULL OR ALTER CASING <input type="checkbox"/></td><td>CASING TEST AND CMT JOB <input type="checkbox"/></td></tr><tr><td>OTHER: <input type="checkbox"/></td><td>OTHER: <input type="checkbox"/></td></tr><tr><td>PLUG AND ABANDON <input type="checkbox"/></td><td>ALTER CASING <input type="checkbox"/></td></tr><tr><td>CHANGE PLANS <input type="checkbox"/></td><td>PLUG AND ABAN. <input type="checkbox"/></td></tr></table>			NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:	PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input checked="" type="checkbox"/>	TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CMT JOB <input type="checkbox"/>	OTHER: <input type="checkbox"/>	OTHER: <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	ALTER CASING <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	PLUG AND ABAN. <input type="checkbox"/>
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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.

WORK PERFORMED 2-3 THRU 2/7/94
ND WH, NU BOP. TAG F/FILL. ACDZ PERFS & OH 3612-3868'
W/4000 GAL 15% NEFE HCL. SWAB BACK LOAD. RETURN TO PRODUCTION

PRODUCTION BEFORE WORKOVER = 9 BO, 110 BW, 2 MCFFD
AFTER WORKOVER = 14 BO, 182 BW & 1 MCFFD

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

SIGNATURE Nita Rice TITLE TECHNICAL ASSISTANT DATE: 3/2/94

TYPE OR PRINT NAME NITA RICE TELEPHONE NO. (915)687-7436

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE MANAGER DATE MAR 04 1994