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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

|   |   |   |   |  |                              |  |   |   |  |                                       |  |                                       |  |   |   |  |  |  |                                 |  |                                 |  |
|---|---|---|---|--|------------------------------|--|---|---|--|---------------------------------------|--|---------------------------------------|--|---|---|--|--|--|---------------------------------|--|---------------------------------|--|
| <b>SUNDRY NOTICES AND REPORTS ON WELLS</b><br>(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)<br><b>30-025-06310</b>                                       |   |  |                              |  |   |   |  |                                       |  |                                       |  |   |   |  |  |  |                                 |  |                                 |  |
| 1. Type of Well:<br>OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>   |   | 5. Indicate Type of Lease<br>STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> |   |  |                              |  |   |   |  |                                       |  |                                       |  |   |   |  |  |  |                                 |  |                                 |  |
| 2. Name of Operator<br><b>CHEVRON U.S.A. INC.</b>   |   | 6. State Oil & Gas Lease No.<br><b>N/A</b>  |   |  |                              |  |   |   |  |                                       |  |                                       |  |   |   |  |  |  |                                 |  |                                 |  |
| 3. Address of Operator<br><b>P.O. BOX 1150 MIDLAND, TX 79702 ATTN: NITA RICE</b>  |   | 7. Lease Name or Unit Agreement Name<br><b>EUNICE MONUMENT SOUTH UNIT</b>                           |   |  |                              |  |   |   |  |                                       |  |                                       |  |   |   |  |  |  |                                 |  |                                 |  |
| 4. Well Location<br>Unit Letter <b>J</b> : <b>1980</b> Feet From The <b>SOUTH</b> Line and <b>1980</b> Feet From The <b>EAST</b> Line<br>Section <b>31</b> Township <b>20S</b> Range <b>37E</b> NMPM <b>LEA</b> County  |   | 8. Well No.<br><b>159</b>   |   |  |                              |  |   |   |  |                                       |  |                                       |  |   |   |  |  |  |                                 |  |                                 |  |
| 10. Elevation(Show whether DF, RKB, RT, GR, etc.)<br><b>3540' GE</b>  |   | 9. Pool name or Wildcat<br><b>EUNICE MONUMENT/GB-SA</b>   |   |  |                              |  |   |   |  |                                       |  |                                       |  |   |   |  |  |  |                                 |  |                                 |  |
| 11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data   |   |   |   |  |                              |  |   |   |  |                                       |  |                                       |  |   |   |  |  |  |                                 |  |                                 |  |
| <table border="0"><tr><td colspan="2"><b>NOTICE OF INTENTION TO:</b></td><td colspan="2"><b>SUBSEQUENT REPORT OF:</b></td></tr><tr><td>PERFORM REMEDIAL WORK <input checked="" type="checkbox"/></td><td>PLUG AND ABANDON <input type="checkbox"/></td><td>REMEDIAL WORK <input type="checkbox"/></td><td>ALTER CASING <input type="checkbox"/></td></tr><tr><td>TEMPORARILY ABANDON <input type="checkbox"/></td><td>CHANGE PLANS <input type="checkbox"/></td><td>COMMENCE DRILLING OPNS. <input type="checkbox"/></td><td>PLUG AND ABAN. <input type="checkbox"/></td></tr><tr><td>PULL OR ALTER CASING <input type="checkbox"/></td><td></td><td>CASING TEST AND CMT JOB <input type="checkbox"/></td><td></td></tr><tr><td>OTHER: <input type="checkbox"/></td><td></td><td>OTHER: <input type="checkbox"/></td><td></td></tr></table> |   |   | <b>NOTICE OF INTENTION TO:</b>          |  | <b>SUBSEQUENT REPORT OF:</b> |  | PERFORM REMEDIAL WORK <input checked="" type="checkbox"/> | PLUG AND ABANDON <input type="checkbox"/> | REMEDIAL WORK <input type="checkbox"/> | ALTER CASING <input type="checkbox"/> | TEMPORARILY ABANDON <input type="checkbox"/> | CHANGE PLANS <input type="checkbox"/> | COMMENCE DRILLING OPNS. <input type="checkbox"/> | PLUG AND ABAN. <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"/> |  |
| <b>NOTICE OF INTENTION TO:</b>  |   | <b>SUBSEQUENT REPORT OF:</b>  |   |  |                              |  |   |   |  |                                       |  |                                       |  |   |   |  |  |  |                                 |  |                                 |  |
| PERFORM REMEDIAL WORK <input checked="" type="checkbox"/>   | PLUG AND ABANDON <input type="checkbox"/> | REMEDIAL WORK <input type="checkbox"/>  | ALTER CASING <input type="checkbox"/>   |  |                              |  |   |   |  |                                       |  |                                       |  |   |   |  |  |  |                                 |  |                                 |  |
| TEMPORARILY ABANDON <input type="checkbox"/>  | CHANGE PLANS <input type="checkbox"/>     | COMMENCE DRILLING OPNS. <input type="checkbox"/>  | PLUG AND ABAN. <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"/>   |   |  |                              |  |   |   |  |                                       |  |                                       |  |   |   |  |  |  |                                 |  |                                 |  |

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:**

ND WH, NU BOP. TAG F/FILL. C/O TO 3868' IF NECESSARY. ACDZ PERFS & OH 3612-3868'  
W/4000 GAL 15% NEFE HCL. SWAB BACK LOAD. RETURN TO PRODUCTION

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: **1/6/94**

TYPE OR PRINT NAME **NITA RICE**

TELEPHONE NO. **(915)687-7436**

APPROVED BY

**ORIGINAL SIGNED BY NITA RICE**

CONDITIONS OF APPROVAL, IF ANY:

DATE