

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.M.	
LAND OFFICE	
OPERATOR	

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

5a. Indicate Type of Lease
State ☒ Fee ☐

5. 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.)

OIL
WELL ☐

GAS
WELL ☐

OTHER-

Injector

Name of Operator

Chevron U.S.A. Inc.

Address of Operator

P.O. Box 670 Hobbs, NM 88240

Location of Well

UNIT LETTER G 2310 FEET FROM THE North LINE AND 2310 FEET FROM
THE East LINE, SECTION 32 TOWNSHIP 20S RANGE 37E NMPM.

7. Unit Agreement Name

Eunice Monument

South Unit

8. Farm or Lease Name

9. Well No.

152

10. Field and Pool, or Wildcat

Eunice Monument G/SA

15. Elevation (Show whether DF, RT, GR, etc.)

12. County

Lea

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 ☐

PLUG AND ABANDON ☐

CHANGE PLANS ☐

OTHER ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐

COMMENCE DRILLING OPNS. ☐

CASING TEST AND CEMENT JOB ☐

OTHER ☒ Convert to Injector

ALTERING CASING ☐

PLUG AND ABANDONMENT ☐

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1703.

Cleaned out to 3875'. Ran GR/CCL/CNL/Caliper logs. Equipped for injection with 2 3/8" IPC tubing and packer set @ 3666'. Tested casing and packer to 600 psi dropped to 520 psi in 20 minutes. (Test OK per Jerry Sexton with OCD.) Work performed 3/22/87 - 3/26/87.

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

SIGNED M. E. Skinn

TITLE Staff Drilling Engineer

DATE 4-1-1987

ORIGINAL SIGNED BY JERRY SEXTON

DISTRICT 1 SUPERVISOR

PROVED BY _____

TITLE _____

DATE

APR 1 1987

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

APP 2 1987
CCD
HOBBS OFFICE