

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

WELL API NO. 06322  
3002504511

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 ☒ Water Injection

2. Name of Operator  
Chevron USA, Inc.

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

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

8. Well No.  
~~EMSW~~ # 176

4. Well Location  
Unit Letter 0 : 660 Feet From The South Line and 1980 Feet From The East Line  
Section 32 Township 20S Range 37E NMPM Lea County

9. Pool name or Wildcat  
Eunice Monument Grayburg - SA

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

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: ☐

**SUBSEQUENT REPORT OF:**

REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐  
CASING TEST AND CEMENT JOB ☐  
OTHER: Casing Integrity Test ☒

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.

Load casing with 2 barrels. Pressure test casing to 500 PSI. Held OK for 30 minutes.  
Tubing pressure remained at 0 PSI.

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

SIGNATURE J. M. Tupman TITLE Field Petroleum Engineer DATE 12-19-90

TYPE OR PRINT NAME J. M. Tupman

TELEPHONE NO. 505-393-4121

(This space for State Use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY: