

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
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.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator Chevron U.S.A. Inc.	8. Farm or Lease Name Eunice Monument South Unit
3. Address of Operator P.O. Box 670 Hobbs, NM 88240	9. Well No. 149
4. Location of Well UNIT LETTER H 2030 FEET FROM THE North LINE AND 760 FEET FROM THE East LINE, SECTION 31 TOWNSHIP 20S RANGE 37E NMPM.	10. Field and Pool, or Wildcat Eunice Monument
15. Elevation (Show whether DF, RT, GR, etc.) 3531.5 GL	12. County Lea

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER Shut off water <input checked="" type="checkbox"/>

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 1103.

POH with pump, rods, and tubing. Dumped 22 cu. ft. of 8/12 sand and 400 pounds of Hydromite (12-17-85). Resume well pump. Returned well to production.

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

SIGNED MW Casey TITLE Division Proration Engineer DATE 1-21-86

ORIGINAL SIGNED BY JERRY SECTION

APPROVED BY DISTRICT SUPERVISOR

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

JAN 24 1986