

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

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

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- 2. Name of Operator Chevron U.S.A. Inc. 3. Address of Operator P.O. Box 670 Hobbs, NM 88240 4. Location of Well UNIT LETTER H 2030 FEET FROM THE North LINE AND 760 FEET FROM East 31 TOWNSHIP 20S RANGE 37E NMPM. 15. Elevation (Show whether DF, RT, GR, etc.) 3531.5 GL 12. County Lea	7. Unit Agreement Name Eunice Monument South Unit 8. Farm or Lease Name 9. Well No. 149 10. Field and Pool, or Wildcat Eunice Monument
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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 Shut off water ☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐
COMMENCE DRILLING OPS. ☐
CASING TEST AND CEMENT JOB ☐
OTHER ☐
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 1103.

POH with pump, rods, and tubing. TIH open ended and spot sand from 4057-3877. Dump bail 3½ sacks of Hydromite on top of sand. Wait on Hydromite to harden. Tag top of Hydromite to confirm depth. Reequip well to pump. Return well to production.

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

SIGNED P. H. Buler Jr.

TITLE Division Drilling Manager DATE 12-18-1985

ORIGINAL SIGNED BY MARK LIXION
DISTRICT 1 SUPERVISOR

APPROVED BY _____

TITLE _____

DATE DEC 26 1985

CONDITIONS OF APPROVAL, IF ANY: