

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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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 <input checked="" type="checkbox"/>	Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. Not Known	

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. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER-		7. Unit Agreement Name Eunice Monument South Unit
2. Name of Operator Chevron U.S.A. Inc.		8. Farm or Lease Name
3. Address of Operator P.O. Box 670, Hobbs, NM 88240		9. Well No. 117
4. Location of Well UNIT LETTER <u>L</u> 1980 FEET FROM THE <u>South</u> LINE AND <u>660</u> FEET FROM THE <u>West</u> LINE, SECTION <u>30</u> TOWNSHIP <u>20S</u> RANGE <u>37E</u> NNPM.		10. Field and Pool, or Wildcat Eunice Monument G-SA
15. Elevation (Show whether DF, RT, GR, etc.) 3533.6 DF		12. County Lea

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data  
NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>

SUBSEQUENT REPORT OF:

REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOBS <input type="checkbox"/>	OTHER <input checked="" type="checkbox"/> Perforated

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.

MIRU PU. POH with pump, rods. and tubing. Perforated from 3873-3745  
(total 28 Holes). TIH to 3874 and test tubing to 3000 psi. Acidized  
with 4000 gals of 15% NEFE. Equipped well to 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 4/21/86

APPROVED BY DISTRICT ENGINEER TITLE DISTRICT ENGINEER DATE

CONDITIONS OF APPROVAL, IF ANY: