Submit 3 Copies To Appropriate District Office

District I
1625 N. French Dr., Hobbs, NM 87240
District II
811 South First, Artesia, NM 87210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
2040 South Pacheco, Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION
2040 South Pacheco
Santa Fe, NM 87505

Form C-103
Revised March 25, 1999

WELL API NO.
30-025-29819

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

2. Name of Operator

Chevron U.S.A. Inc.

3. Address of Operator

P.O. Box 1150 Midland, TX 79702

4. Well Location

Unit Letter ___N___ : ___500___ feet from the ___SOUTH___ line and ___2080___ feet from the ___WEST___ line

Section ___30___ Township ___20S___ Range ___37E___ NMPM County ___LEA___

7. Lease Name or Unit Agreement Name:

EUNICE MONUMENT SOUTH UNIT

8. Well No.

127

9. Pool name or Wildcat

EUNICE MONUMENT;GRAYBURG-SAN ANDRES

10. Elevation (Show whether DR, 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 ☐	MULTIPLE COMPLETION ☐		
OTHER: ☐			

SUBSEQUENT REPORT OF:

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

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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation.

CHEVRON PROPOSES TO TA PER ATTACHED PROCEDURE

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

SIGNATURE _J. K. Ripley_   TITLE _REGULATORY O.A._   DATE _2/19/01_

Type or print name J. K. RIPLEY   Telephone No. (915)687-7148

(This space for State use)

APPROVED BY_____ TITLE_____ DATE_____
Conditions of approval, if any: