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-

5a. Indicate Type of Lease
State [X] 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.)

OIL WELL [XX] GAS WELL [ ] OTHER-

7. Unit Agreement Name
Eunice Monument South Unit

Name of Operator
Chevron U.S.A. Inc.

8. Farm or Lease Name

Address of Operator
P.O. Box 670 Hobbs, NM 88240

9. Well No.
#127

Location of Well
UNIT LETTER N, 500 FEET FROM THE South LINE AND 2080 FEET FROM THE West LINE, SECTION 30 TOWNSHIP 20S RANGE 37E NMPM.

10. Field and Pool, or Wildcat
Eunice Monument G/SA

15. Elevation (Show whether DF, RT, GR, etc.)
3532.8'

12. County
Lea

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 [ ]

SUBSEQUENT REPORT OF:

- REMEDIAL WORK [ ]
- COMMENCE DRILLING OPNS. [ ]
- CASING TEST AND CEMENT JOB [X]
- ALTERING CASING [ ]
- PLUG AND ABANDONMENT [ ]
- OTHER [ ]

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.

Spud 12 1/4" hole at 1:30PM 6-23-87. TD 12 1/4" hole at 9:30PM, Circ and ran 8 5/8" K-55, 24#, 8rd ST&C csg, set at 1065'. Cmt w/700sx Class C, circ 170sx . WOC, Cut off and weld on head (tstd void to 800psi) NUBOPE, tst BOPE w/safety test. Rams and choke manifold 2000psi, annular 1500psi, csg 1000psi. Total cmt time 19.5 hrs.

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

SIGNED M. E. Ahrens TITLE Staff Drilling Engineer DATE July 13, 1987

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: