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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 ☐ 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.)

IN ☐ WELL ☐	GAS ☐ WELL ☐	OTHER ☐	Injector	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. 172
Location of Well 10. Field and Pool, or Wildcat Eunice Monument G/SA				
11. Elevation (Show whether DF, RT, GR, etc.) 3542.2				12. County Lea

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

NOTICE OF INTENTION TO:

NEW REMEDIAL WORK ☐ GRABITLY ABANDON ☐ OR ALTER CASING ☐ OTHER ☐	PLUS AND ABANDON ☐ CHANGE PLANS ☐
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SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ COMMENCE DRILLING OPS. ☐ CASING TEST AND CEMENT JOB ☐ OTHER completion ☒	ALTERING CASING ☐ PLUS AND ABANDONMENT ☐
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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.

Displace hole w/ CKF, run GR/CCL log from 3953-3400'. Perf 3810-3818, 3834-3836, 3858-3888 (40 holes) 1 JHPF, 180 deg phase: 4" guns, Acidize w/ 3000 gallons 15% NEFE HCL. Swab. Perf 3652-73, 3706-12, 3718-46, 3756-61, 3764-78, 1 JHPF (74 holes) 180 deg. Acidize w/5500 gallons 15% NEFE HCL Swab dry. Equip for injection. run 2-3/8" IPC tubing to 3622', pmp 65bbbls pkr fluid down casing. NU inj head, test void to 2500psi, Test casing to 600psi, 30 minutes, ok. Turn over to production. Work performed 8-16-87 through 8-19-87.

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

M. E. Ahlin TITLE Staff Drilling Engineer DATE August 25, 1987

ORIGINAL SIGNED BY JERRY SOX, TDN
DISTRICT SUPERVISOR
SIGNATURE OF APPROVAL, IF ANY

TITLE _____ DATE _____