

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department  
**OIL CONSERVATION DIVISION**

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

Form C-103  
Revised 1-1-89

DISTRICT I

P.O. Box 1980, Hobbs, NM 88240

DISTRICT II

P.O. Drawer Dd, Artesia, NM 88210

DISTRICT III

1000 Rio Brazos Rd., Aztec, Nm 87410

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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.)		API NO. (assigned by OCD on New Wells) <b>30-025-29913</b>	
1. Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>	
2. Name of Operator <b>CHEVRON U.S.A. INC.</b>		6. State Oil & Gas Lease No. <b>2616</b>	
3. Address of Operator <b>P.O. BOX 1150 MIDLAND, TX 79702 ATTN: WENDI KINGSTON</b>		7. Lease Name or Unit Agreement Name <b>EUNICE MONUMENT SOUTH UNIT</b>	
4. Well Location Unit Letter <b>F</b> Section <b>31</b> Township <b>20S</b> Range <b>37E</b> Line and Range <b>1980</b> Feet From The <b>WEST</b> Line County <b>LEA</b>		8. Well No. <b>147</b>	
10. Elevation (Show whether OF, RKB, RT, GR, etc.) <b>3536'</b>		9. Pool name or Wildcat <b>EUNICE MONUMENT/GB/SA</b>	

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data			
<b>NOTICE OF INTENTION TO:</b>		<b>SUBSEQUENT REPORT OF:</b>	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTER CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABAN. <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>		CASING TEST AND OMT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: <b>ACDZ</b> <input checked="" type="checkbox"/>	

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.

MIRU. TAG TD @3940'. PICKLE TBG W/500 GALS 15% NEFE.  
ACDZ W/4000 GALS PARAFFIN MASTER ACID.  
RIH W/2 7/8" TBG TO 3876'.  
TURN WELL OVER TO PRODUCTION 12/7/95.

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

SIGNATURE <u>Wendi Kingston</u>	TITLE <u>TECH. ASSISTANT</u>	DATE: <u>12/20/95</u>
TYPE OR PRINT NAME <u>WENDI KINGSTON</u>		TELEPHONE NO. <u>(915)687-7826</u>
APPROVED BY _____	TITLE _____	DATE <u>DEC 27 1995</u>
CONDITIONS OF APPROVAL, IF ANY: _____		

