

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 1-1-93

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

API NO. (assigned by OCD on New Wells) 30-025-29946
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. E-230
7. Lease Name or Unit Agreement Name EUNICE MONUMENT SOUTH UNIT
8. Well No. 148
9. Pool name or Wildcat EUNICE MONUMENT/GB/SA

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 INJECTOR ☐

2. Name of Operator

CHEVRON U.S.A. INC.

3. Address of Operator

P.O. BOX 1150 MIDLAND, TX 79702 ATTN: NITA RICE

4. Well Location

Unit Letter **G** : **2180** Feet From The **NORTH** Line and **1980** Feet From The **EAST** Line
Section **31** Township **20S** Range **37E** NMPM **LEA** County

10. Elevation(Show whether DF, RKB, RT, GR, etc.)

3533' GL

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 ☐
OTHER: **CLEAN OUT/STIM** ☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTER CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABAN. ☐
CASING TEST AND CMT 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.

WE PROPOSE TO: RU SLICKLINE UNIT. TAG FILL AT TD. IF FILL IS ABOVE TD, THEN CLEAN OUT WITH COILED TBG. ACDZ W/ 3500 GALS 15% NEFEA/UNISOL. TURN WELL OVER TO PROD.

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

SIGNATURE *Wendi Kingston* TITLE **TECH. ASSISTANT**

DATE: **08/31/94**

TYPE OR PRINT NAME **WENDI KINGSTON**

TELEPHONE NO. **(915)687-7826**

APPROVED BY *Wendi Kingston* TITLE **DISTRICT I SUPERVISOR**

CONDITIONS OF APPROVAL, IF ANY:

DATE **SEP 02 1994**