

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-

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DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

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.)

OIL WELL ☒	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. 148
Location of Well UNIT LETTER <u>G</u> <u>2180</u> FEET FROM THE <u>North</u> LINE AND <u>1980</u> FEET FROM THE <u>East</u> LINE, SECTION <u>31</u> TOWNSHIP <u>20S</u> RANGE <u>37E</u> NMPM.			10. Field and Pool, or Wildcat Eunice Monument G/SA
15. Elevation (Show whether DF, RT, GR, etc.) 4200			12. County Lea

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐	PLUG AND ABANDON ☐	REMEDIAL WORK ☐	ALTERING CASING ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPS. ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐	OTHER ☐	CASING TEST AND CEMENT JOB ☒	OTHER ☐

7. 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.

7-12-87 Ran 91 and 2 cut joints 5 1/2" 15.5#, K-55, ST&C csg,
set at 3900', FS at 3898, FC at 3877, Circ. casing.
Cmt w/ 425 sx Cl C, Tail w/ 250 sx Class C, Displace w/
92.5 BFW, Plug down at 10:50am. Circ 15 sx cmt, ND BOPE
set slips, cut off, NU tbq spool, release rig at 2PM 7/12/87.

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

Signed L. E. Elmwood Jr. M. E. Ekins TITLE Staff Drilling Engineer DATE July 14, 1987

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT 1 SUPERVISOR

APPROVED BY _____ TITLE _____ DATE JUL 15 1987

CONDITIONS OF APPROVAL, IF ANY: