Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, minerals and Natural Resources Department

Form C-103

CONDITIONS OF APPROVAL, IF ANY:

Revised 1-1-89

DISTRICT I P.O. Box 1980, Hobbs, NM 88240	O Box 1980 Hobbs NM 88240			WELL API NO.		
P.O. Box 2088 DISTRICT II P.O. Drawer DD, Artesia, NM 88210 P.O. Box 2088 Santa Fe, New Mexico 87504-2088			3C 025-30227			
DISTRICT III			5. Indicate Type	STATE E FEE		
1000 Rio Brazos Rd., Aziec, NM 87410			6. State Oil & Gas Lease No.			
(DO NOT USE THIS FORM FOR PROP DIFFERENT RESERVE (FORM C-10	ES AND REPORTS ON WE OSALS TO DRILL OR TO DEEPEN OIR. USE "APPLICATION FOR PE DI) FOR SUCH PROPOSALS.)	OR FLUG BACK TO A	7. Lease Name o	r Unit Agreement Name		
1. Type of Well: OIL GAS WELL X WELL						
2. Name of Operator	OTHER		8. Well No.	nument South Unit		
Chevron U.S.A. Inc.			101			
P.O. Box 670, Hobbs, NM 88240			9. Pool name or Wildcat Eunice Monument GB/SA			
4. Well Location	<u> </u>		Lullice Mor	nument GB/SA		
Unit Letter C :660	_ Feet From The North	Line and 19	980 Feet From	m The West	Line	
Section 30	Township 20S R	ange 37E	NMPM	Top Cou		
	10. Elevation (Show whether	DF, RKB, RT, GR, etc.)	THE IN	7		
11. Check Ar	3536			<u> </u>		
NOTICE OF INTE	opropriate Box to Indicate	i .	-	r Data REPORT OF:		
			SEQUENT I	AEFUNT OF:		
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK		ALTERING CASING		
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	OPNS.	PLUG AND ABANDONME	NT 🗌	
PULL OR ALTER CASING		CASING TEST AND CE	MENT JOB			
OTHER:		OTHER:			🗆	
12. Describe Proposed or Completed Operation work) SEE RULE 1103.	ns (Clearly state all persinent details, a	nd give pertinent dates, includ	ding estimated date of	of starting any proposed		
Work performed: 1-	20-89 thru 1-23-89	TD: 4000'	PB:	3914'		
34, 3768-72, 3812-1 Acidize perfs w/102	• Perf 5 1/2" casing 6, 3820-24, 3870-74, 5 gallons 15% NEFE HC ation. Turn over to	3878-82 w/l JHPF L. Swab. GIH w	. 180° phas	sing 46 holes.)-	
I hereby certify that the information above is true and skinnature of the control	d complete to the best of my knowledge and		istant	DATE 1-24-89 TELEPHONE NO.		
(This space for State Use)					-==	
ORIGINAL SIGNED	BY JERRY SEXTON SUPERVISOR			12 kg 7 d		
APPROVED BY —		T.F. —————		DATE		