Submit Copies to Appropriate District Offices

## State of New Mexico Ener Minerals and Natural Resources Departme.

Form C-103

Revised 1-1-89

DISTRICT I P.O. Box 1980, Hobbs, NM 88240 DISTRICT II	OIL CONSERVATION DIVISION 310 Old Santa Fe Trail, Room 206		WELL API NO. 30-025-34824		
P.O. Drawer DD, Artesia, NM 88210 Santa Fe, New Mexico 87503		5. Indicate Type of Lease			
DISTRICT HI			STATE X FEE	]	
1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil & G	as Lease No.	
SUNDRY NOTI (DO NOT USE THIS FORM FOR PRO	CES AND REPORTS ON WOOPOSALS TO DRILL OR TO DEE	ELLS PEN OR PLUG BACK TO A			
DIFFERENT RESER	VOIR. USE "APPLICATION FOR I	PERMIT"	7. Lease Name o	or Unit Agreement Name	
1. Type of Well:	101) TON SOCIT PHOPOSALS.)		EUNICE MON	NUMENT SOUTH	
OIL WELL GAS WELL	OTHER		UNIT		
2. Name of Operator CHEVRON U.S.A., INC.			8. Well No. 575		
3. Address of Operator P. O. BOX 1150 MIDLAND, TX 79702			9. Pool name or Wildcat EUNICE MONUMENT; GRAYBURG-SA		
4. Well Location Unit Letter N : 100	Feet From The SOUTH	Line and _1338		n The WEST Line	`
Section 31	Township 20S R		MPM LEA	County	
	10. Elevation (Show who	ether DF, RKB, RT, GR, etc.)			
11. Check Ap	propriate Box to Indicate	Nature of Notice, Rep	ort, or Other	⊥ Data	
				REPORT OF:	
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK		ALTERING CASING	]
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	OPNS.	PLUG AND ABANDON	]
PULL OR ALTER CASING		CASING TEST AND CEM	ENT JOB		
OTHER:		OTHER: COMPLETE		X	]
12. Describe Proposed or Completed Oper work) SEE RULE 1103.	ations (Clearly state all pertinen	t details, and give pertinent da	tes, including estim	ated date of starting any proposed	_
PERFD 3711-26', 3744-52', 3771- JHPF. ACZD W/2000 GALS 15% 300# SAND DOWN CSG. TAGGE SQZD PERFS 3711-26' W/150 SX 3752'. SET CIBP @ 3860'. RIH W	HCL, 7000 GALS FOAM & 1 ED @ 3745'. DUMPED 300# CCMT @ 3556# TAGGED (	00 RCNB'S, SWABBE	ACCED & AT	45'. )	
WELL SHUT IN 4/1/00					
I hereby certify that the information above is true	and complete to the best of my knowledge	and belief.			-
SIGNATURE J. K. MOL	TIT	rLE REGULATORY O.A		DATE 04/25/2000	····
TYPE OR PRINT NAME J. K. RIPLEY	<u></u>	т	ELEPHONE NO. (9	15)687-7148	
(This space for State Use)					=
APPROVED BY		TLE		DATE	
				/11.1.0	