Submit 3 Copies To Appropriate District	nit 3 Copies To Appropriate District State of New Mexico					Form C-103				
Office District I	Energy, Minerals and Natural Resources				Revised March 25, 1999 WELL API NO.					
1625 N. French Dr., Hobbs, NM 87240 District II	OIL CONSERVATION DIVISION				30-025-34845					
811 South First, Artesia, NM 87210 District III	2040 South Pacheco				5. Indicate Type of Lease					
1000 Rio Brazos Rd., Aztec, NM 87410	Santa Fe, NM 87505				STAT	E x	FEE			
District IV 2040 South Pacheco, Santa Fe, NM 87505					6. State Oil	& Gas L	ease 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.)					7. Lease Name or Unit Agreement Name:					
1. Type of Well: Oil Well X Gas Well Other					EUNICE MONUMENT SOUTH UNIT					
2. Name of Operator					8. Well No.					
Chevron U.S.A. Inc.					9. Pool name or Wildcat					
3. Address of Operator P.O. Box 1150 Midland, TX 7	19702				1			-san andres	<u> </u>	
4. Well Location	3702) BOLLED HOW	COMMITTEE STATE	MIDONS	- DAM PHILLIPS	_	
Unit Letter:	2490 feet from the	SOU	ЛН	line and	184 fe	eet from	the	WESTlin	ne	
Section 31	Township 20)s	Range	37E	NMPM		County	LEA		
	10. Elevation (Show wh	iether	DR, RK	B, RT, GR, et	·c.)			ere di Università di Salamania. Kangga pangga perananan	1770) 1770)	
11 Check	Appropriate Box to Inc		531′ . Nature	of Notice	Report or	Other F)ata	de rever en autorioù d'ar di de		
NOTICE OF INT		neute	, valui		SEQUENT			- .		
PERFORM REMEDIAL WORK	PLUG AND ABANDON		REME	DIAL WORK	OLGOLITI			NG CASING		
TEMPORARILY ABANDON	CHANGE PLANS		сомм	COMMENCE DRILLING OPNS.				ND ONMENT		
PULL OR ALTER CASING	MULTIPLE COMPLETION		CASING CEMEN	G TEST AND NT JOB			, . <u></u> ,			
OTHER:			OTHER	₹:						
12. Describe Proposed or Complete of starting any proposed work). or recompilation.	-	_		-	-		•			
SPUDDED 12-1/4" HOLE 3/12 CIRC TO SURF. DRILLED TO										
I hereby certify that the information above	e is true and complete to the	pest of	my know	edge and belie	f.				_	
SIGNATURE J. K. KY	olly	. TITL	<u>e regu</u>	LATORY O.A.		D/	ATE	4/3/00	_	
Type or print name J. K. RIPLEY	V				Т	elephone	e No. (15)687-714	<u>.8</u>	
(This space for State use)				14						
APPROVED BYConditions of approval, if any:		_ TITI	L <u>E</u>			DA	ΓĘ	·		