

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

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO.

5. Indicate Type of Lease
STATE ☒ FEE ☐

6. 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.)

1. Type of Well:
OIL WELL ☐ GAS WELL ☐ OTHER - WIW

2. Name of Operator
Chevron U.S.A., Inc.

3. Address of Operator
P.O. Box 670, Hobbs, New Mexico 88240

7. Lease Name or Unit Agreement Name

Eunice Monument South Unit

8. Well No.
207 ~~1987~~

9. Pool name or Wildcat
Eunice Monument Grayburg S/A

4. Well Location
Unit Letter L : 4620 Feet From The South Line and 660 Feet From The West Line
Section 03 Township 21S Range 36E NMPM Lea County

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

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: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: Cellar Inspection ☒

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.

Dug up cellar and repiped the casing valve to surface.

Inspected by OCD representative 1-5-89.

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

SIGNATURE C. L. Morrill TITLE NM Area Prod. Supt. DATE 1-30-89

TYPE OR PRINT NAME C. L. Morrill

TELEPHONE NO. 505-393-4121

(This space for State Use)

APPROVED BY R. J. [Signature] TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

OIL & GAS INSPECTOR

FEB 02 1989