

Submit 3 Copies To Appropriate District
Office
District I
1625 N. French Dr., Hobbs, NM 87240
District II
811 South First, Artesia, NM 87210
District III
1600 Rio Brazos Rd., Aztec, NM 87410
District IV
2040 South Pacheco, Santa Fe, NM 87505

State of New Mexico
E g y, Minerals and Natural Resources

OIL CONSERVATION DIVISION
2040 South Pacheco
Santa Fe, NM 87505

Form C-103
Revised March 25, 1999

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.)		WELL API NO. 30-025-04459
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
2. Name of Operator Chevron U.S.A. Inc.		6. State Oil & Gas Lease No.
3. Address of Operator P.O. Box 1150 Midland, TX 79702		7. Lease Name or Unit Agreement Name: EUNICE MONUMENT SOUTH UNIT
4. Well Location Unit Letter X : 660 feet from the SOUTH line and 660 feet from the EAST line Section 3 Township 21S Range 36E NMPM County LEA		8. Well No. 265
10. Elevation (Show whether DR, RKB, RT, GR, etc.)		9. Pool name or Wildcat EUNICE MONUMENT; GRAYBURG-SAN ANDRES

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 ☐ MULTIPLE COMPLETION ☐

OTHER: **ADD PERFS & ACZ**

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SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐

OTHER:

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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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation.

CHEVRON PREVIOUSLY PROPOSED TO TA, BUT NOW PROPOSES TO PERFORM THE FOLLOWING IN ORDER TO REACTIVATE THE WELL:

POH W/TBG. PERF 3734'-3752' W/3 JHFF. ACZ W/2500 GALS 15% HCL. FRAC W/2000 GALS FOAM.
RIH W/TBG, PUMP & RODS. RETURN WELL TO PRODUCTION.

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

SIGNATURE J. K. Ripley TITLE REGULATORY O.A. DATE 4/10/01

Type or print name J. K. RIPLEY Telephone No. (915)687-7148

(This space for State use)

APPROVED BY _____ TITLE _____ DATE _____
Conditions of approval, if any: