

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department
OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Form C-103
Revised 1-1-89

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

API NO. (assigned by OCD on New Wells) 30-025-04464	
5. Indicate Type of Lease STATE <input type="checkbox"/> <i>Federal</i> <input checked="" type="checkbox"/> FEE <input type="checkbox"/>	
6. State Oil & Gas Lease No. 2616	
7. Lease Name or Unit Agreement Name EUNICE MONUMENT SOUTH UNIT	
8. Well No. 231WIC	
9. Pool name or Wildcat EUNICE MONUMENT	

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 <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER INJECTOR	
2. Name of Operator CHEVRON U.S.A. INC.	
3. Address of Operator P.O. BOX 1150 MIDLAND, TX 79702 ATTN: WENDI KINGSTON	
4. Well Location Unit Letter <u>I</u> : <u>2970</u> Feet From The <u>SOUTH</u> Line and <u>330</u> Feet From The <u>EAST</u> Line Section <u>4</u> Township <u>21S</u> Range <u>36E</u> NMPM <u>LEA</u> County 10. Elevation(Show whether DF, RKB, RT, GR, etc.) <u>3556'</u>	

11 Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input checked="" type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CMT JOB <input type="checkbox"/>
OTHER: <input type="checkbox"/>	OTHER: <input type="checkbox"/>
PLUG AND ABANDON <input type="checkbox"/>	ALTER CASING <input type="checkbox"/>
CHANGE PLANS <input type="checkbox"/>	PLUG AND ABAN. <input type="checkbox"/>

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.

MIRU 6/22/95.
ACDZ W/2500 GALS 15% ACID. FLUSH
TURN WELL OVER TO PRODUCTION 06/22/95.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.	
SIGNATURE <u>Wendi Kingston</u>	TITLE <u>TECH. ASSISTANT</u>
DATE: <u>07/24/95</u>	
TELEPHONE NO. <u>(915)687-7826</u>	
TYPE OR PRINT NAME <u>WENDI KINGSTON</u>	
APPROVED BY <u>WENDI KINGSTON</u>	TITLE <u>TECH. ASSISTANT</u>
DATE <u>JUL 28 1995</u>	
CONDITIONS OF APPROVAL, IF ANY:	

RECEIVED

FEB 10 1965

OLD HOBBS
OFFICE