

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) 30-025-04476
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> <i>Federal</i> <input 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. 203WIG
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 <input type="checkbox"/>	
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 H : 1913 Feet From The NORTH Line and Section 4 Township 21S Range 36E NMPM LEA County	10. Elevation(Show whether DF, RKB, RT, GR, etc.) 3525'

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"/> PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input checked="" type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <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"/>
ALTER CASING <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/2000 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 <i>Wendi Kingston</i>	TITLE TECH. ASSISTANT
DATE: 07/24/95	
TYPE OR PRINT NAME WENDI KINGSTON	TELEPHONE NO. (915)687-7826
APPROVED BY <i>Wendi Kingston</i>	TITLE TECH. ASSISTANT
CONDITIONS OF APPROVAL, IF ANY:	DATE JUL 28 1995

RECEIVED

JUL 26 1995

**U O D HOSB2
OFFICE**