

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) 30-025-04479	
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>	
6. State Oil & Gas Lease No. E-230	
7. Lease Name or Unit Agreement Name EUNICE MONUMENT SOUTH UNIT	
8. Well No. 181	9. Pool name or Wildcat EUNICE MONUMENT/GB/SA

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: NITA RICE	
4. Well Location Unit Letter B : 660 Feet From The NORTH Line and 1980 Feet From The EAST Line Section 4 Township 21S Range 36E NMPM LEA County	
10. Elevation(Show whether DF, RKB, RT, GR, etc.) 3528' GL	

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 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: CLEAN OUT/STIM <input checked="" 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 anticipated date of starting any proposed work) SEE RULE 1103.

WE PROPOSE TO: RU SLICKLINE UNIT. TAG FILL AT TD. IF FILL IS ABOVE TD, THEN CLEAN OUT WITH COILED TBG. ACDZ W/ 2000 GALS 15% NEFEA/UNISOL. TURN WELL OVER TO PROD.

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

SIGNATURE *Wendi Kingston* TITLE **TECH. ASSISTANT**

DATE: **08/31/94**

TYPE OR PRINT NAME **WENDI KINGSTON**

TELEPHONE NO. **(915)687-7826**

ORIGINAL SIGNED BY **JOEY ARAGON**

APPROVED BY *JOEY ARAGON* TITLE

DATE **SEP 02 1994**

CONDITIONS OF APPROVAL, IF ANY: