Form C-103 State of New Mexico Submit 3 Copies To Appropriate District Energy, Minerals and Natural Resources Revised March 25, 1999 Office District I WELL API NO. 1625 N. French Dr., Hobbs, NM 87240 30-025-04489 OIL CONSERVATION DIVISION District II 5. Indicate Type of Lease 811 South First, Artesia, NM 87210 2040 South Pacheco District III STATE X FEE  $\square$ Santa Fe, NM 87505 1000 Rio Brazos Rd., Aztec, NM 87410 District IV 6. State Oil & Gas Lease No. 2040 South Pacheco, Santa Fe, NM 87505 7. Lease Name or Unit Agreement Name: 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: EUNICE MONUMENT SOUTH UNIT Oil Well Gas Well Other INJECTOR 8. Well No. 2. Name of Operator 241 Chevron U.S.A. Inc. 9. Pool name or Wildcat 3. Address of Operator EUNICE MONUMENT; GRAYBURG-SAN ANDRES P.O. Box 1150 Midland, TX 79702 4. Well Location feet from the\_ line SOUTH line and 1980 feet from the Unit Letter \_\_\_ County LEA NMPM Township 215 Range Section 10. Elevation (Show whether DR, RKB, RT, GR, etc.) 11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data SUBSEQUENT REPORT OF: NOTICE OF INTENTION TO: **ALTERING CASING** PLUG AND ABANDON REMEDIAL WORK PERFORM REMEDIAL WORK **PLUG AND** COMMENCE DRILLING OPNS. **CHANGE PLANS TEMPORARILY ABANDON ABANDONMENT CASING TEST AND MULTIPLE PULL OR ALTER CASING CEMENT JOB** COMPLETION X OTHER: TEG RPR OTHER: 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. POH W/PKR. TSTD TBG; FOUND HOLE IN TOP JT. REPLACED TBG. CIRC PKR FLUID. RIH W/PKR TO 3630' (PERFS 3660'-3684') (OH 3723'-3896'). RAN MIT. RETURNED WELL TO INJECTION. TSTD 2/15/01 I hereby certify that the information above is true and complete to the best of my knowledge and belief. TITLE REGULATORY O.A. 3/16/01 DATE\_ **SIGNATURE** Telephone No. (915) 687-7148 Type or print name J. K. RIPLEY (This space for State use) DATE TITLE

APPROVED BY\_

Conditions of approval, if any: