Submit 3 Copies to Appropriate

CONDITIONS OF APPROVAL, IF ANY:

## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

District Office		
DISTRICT I P.O. Box 1980, Hobbs NM 88241-1980  DISTRICT II P.O. Drawer DD, Artesia, NM 88210  DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410		WELL API NO.
		30-025-04489
		5. Indicate Type of Lease  STATE X FEE
		6. State Oil & Gas Lease No.
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.)		7. Lease Name or Unit Agreement Name
1. Type of Well: OIL GAS WELL OTHER INJECTOR		EUNICE MONUMENT SOUTH UNIT
2. Name of Operator		8. Well No.
Chevron U.S.A. Inc.		9. Pool name or Wildcat
3. Address of Operator P.O. Box 1150, Midland, TX 79702		EUNICE MONUMENT; GRAYBURG-SAN ANDRES
4. Well Location Unit Letter T: 1980 Feet From The SOUTH	Line and 66	60 Feet From The WEST Line
Section 4 Township 21S R	ange 36E	NMPM LEA County
Section 4 Township 213 K	er DF, RKB, RT, GR, et	tc.)
3594'  Notice Papert or Other Data		
Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data  NOTICE OF INTENTION TO:  SUBSEQUENT REPORT OF:		
NOTICE OF INTENTION TO.		
PERFORM REMEDIAL WORK PLUG AND ABANDON	REMEDIAL WORK	☐ ALTERING CASING
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT L		
PULL OR ALTER CASING CASING TEST AND CEMENT JOB		
CONFERE DEDES & ACIDITE		
OTHER: SQUEEZE PERFS & ACIDIZE  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.  CHEVRON PROPOSES TO: POH W/INJ EQPT. VERIFY PBTD @ 3876'. DUMP SAND TD - 3760'. TAG SAND; DUMP SAND & FILL TO 3750'. SET CICR @ 3614', ESTABLISH INJ RATE. CMT SQZ ZONES 1 & 2 W/200 SX N2 CMT. DRILL OUT CICR & CMT TO 3740', PRESS TST SQZ 500 PSI. CLEAN OUT TO 3876'. PICKLE TBG @ 3640' W/500 GALS 15%. ACZ OH @ 3742' W/3000 GALS 15% RESISOL II. RIH W/INJ EQPT. PERFORM OCD MIT. RETURN WELL TO INJECTION.		
I hereby certify that the information above is true and complete to the best of my knowled SIGNATURE TYPE OR PRINT NAME J. K. RIPLEY	ige and belief. TTLE TECHNICAL ASS	ISTANT DATE 4/22/97 TELEPHONE NO. (915)687-71
(This space for State Use)		DATE
APPROVED BY1	TILE	DATE