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LAND OFFICE	
OPERATOR	

CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-7

5a. Indicate Type of Lease
State [X] Fee [ ]

5. 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.)

OIL WELL [ ] GAS WELL [ ] OTHER- Injector

7. Unit Agreement Name
Eunice Monument South Unit

Name of Operator
Chevron U.S.A. Inc.

8. Farm or Lease Name

Address of Operator
P.O. Box 670 Hobbs, NM 88240

9. Well No.
241

Location of Well
UNIT LETTER I , 1980 FEET FROM THE South LINE AND 660 FEET FROM THE West LINE, SECTION 4 TOWNSHIP 21S RANGE 36E NMPM.

10. Field and Pool, or Wildcat
Eunice Monument

15. Elevation (Show whether DF, RT, GR, etc.)
3594' GL

12. County
Lea

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK [ ]	PLUG AND ABANDON [ ]	REMEDIAL WORK [ ]	ALTERING CASING [ ]
TEMPORARILY ABANDON [ ]		COMMENCE DRILLING OPNS. [ ]	PLUG AND ABANDONMENT [ ]
PULL OR ALTER CASING [ ]	CHANGE PLANS [ ]	CASING TEST AND CEMENT JOB [ ]	
OTHER Convert to Injector [X]		OTHER [ ]	

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.

Clean out well to TD @ 3890'. Run logs from 3000' to TD. Evaluate logs to determine if any additional Grayburg perforations are needed. Perforate, if necessary, from logs. Acidize as necessary. Equip well for injection. Test casing, packer, and tubing to 500 psi for 30 minutes. Return well to production as an injector.

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

P H Briggs Jr. TITLE Division Drilling Manager DATE 6-25-1986

APPROVED BY ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR TITLE _____ DATE JUN 27 1986

CONDITIONS OF APPROVAL, IF ANY: