

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

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

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO.	30-025-04490
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name	
EUNICE MONUMENT SOUTH UNIT	
8. Well No.	228
9. Pool name or Wildcat	
EUNICE MONUMENT; GRAYBURG-SAN ANDRES	

10. Elevation (Show whether DF, RKB, RT, GR, etc.)	
3582'	

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 ☐ GAS WELL ☐ OTHER INJECTOR

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

3. Address of Operator
P.O. Box 1150, Midland, TX 79702

4. Well Location
Unit Letter M : 3300 Feet From The SOUTH Line and 660 Feet From The WEST Line
Section 4 Township 21S Range 36E NMPM LEA County

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐
OTHER: SQUEEZE PERFS & ACIDIZE ☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
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.

CHEVRON PROPOSES TO:

POH W/INJ EQPT. SET CIBP @ 3728'. SET CIGR @ 3620', ESTABLISH INJ RATE. CMT SQZ ZONES 1 & 2
W/200 SX N2 CMT. DRILL OUT CIGR & CMT TO 3720'; PRESS TST SQZ TO 500 PSI. DO CIBP & CLEAN
OUT TO 3863'. PICKLE TBG @ 3640' W/500 GALS 15%. ACZ @ 3728' 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 knowledge and belief.

SIGNATURE

J. K. Ripley

TITLE TECHNICAL ASSISTANT

DATE 4/22/97

TYPE OR PRINT NAME J. K. RIPLEY

TELEPHONE NO. (915)687-7148

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEYTON
DISTRICT SUPERVISOR

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: