to Appropriate

State of New Mexico

Form C-103

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CONDITIONS OF APPROVAL, IF ANY:

APPROVED BY_

Energy, Minerals and Natural Resources Department Revised 1-1-89 District Office OIL CONSERVATION DIVISION DISTRICT I WELL API NO. P.O. Box 1980, Hobbs NM 88241-1980 P.O. Box 2088 30-025-04493 DISTRICT II Santa Fe, New Mexico 87504-2088 5. Indicate Type of Lease P.O. Drawer DD, Artesia, NM 88210 STATE X FEE 🔲 DISTRICT III 6. State Oil & Gas Lease No. 1000 Rio Brazos Rd., Aztec, NM 87410 E-230 SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A 7. Lease Name or Unit Agreement Name DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) 1. Type of Well: EUNICE MONUMENT SOUTH UNIT OIL WELL OTHER **INJECTOR** 8. Well No. 2. Name of Operator 183 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 NORTH 660 WEST 660 Feet From The Feet From The Line and Line Unit Letter LEA 36E **21S NMPM** Township Range County 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3547 Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data 11. **NOTICE OF INTENTION TO:** SUBSEQUENT REPORT OF: ALTERING CASING PLUG AND ABANDON REMEDIAL WORK PERFORM REMEDIAL WORK COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT **CHANGE PLANS TEMPORARILY ABANDON** CASING TEST AND CEMENT JOB **PULL OR ALTER CASING** ADDED PERFS. ACZD. SQZD OTHER: _ 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. POH W/TBG & INJ EQPT. PERFD 3700'-3708' W/3 JHPF. PICKLED TBG @ 3534' W/500 GALS 15%; ACZD PERFS & OH W/2000 GALS 15%. SPOTTED SD TO 3693'. SET CIBP @ 3692'. SET CICR @ 3558'; PPD 150 SX CL "C", SQZD 133 SX IN FORM. DRILLED CICR & CMT TO 3690'; TSTD SQZ 450#. DRILLED OUT CIBP & WASHED SD TO 3803'. CIRC CLEAN. RIH W/INJ TBG & PKR @ 3563'. RAN MIT, 350# - 15 MIN; PRESS TO 380#-OK. RETURNED WELL TO INJECTION. WORK PERFORMED 10/29/97 - 11/10/97 I hereby certify that the information above is true and complete to the best of my knowledge and belief. TITLE TECHNICAL ASSISTANT 1/19/98 DATE RIPLEY TYPE OR PRINT NAME TELEPHONE NO. (915)687-7148 J

DATE