

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department
OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Form C-103
Revised 1-1-88

DISTRICT I

P.O. Box 1880, Hobbs, NM 88240

DISTRICT II

P.O. Drawer Dd, Artesia, NM 88210

DISTRICT III

1000 Rio Brazos Rd., Aztec, Nm 87410

API NO. (assigned by OCD on New Wells)

30-025-04493

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

E-230

7. Lease Name or Unit Agreement Name

EUNICE MONUMENT SOUTH UNIT

8. Well No.

183

9. Pool name or Wildcat

EUNICE MONUMENT/GB/SA

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 ATTN: NITA RICE

4. Well Location

Unit Letter D : 660 Feet From The NORTH Line and 660 Feet From The WEST Line
Section 4 Township 21S Range 36E NMPM LEA County

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

3547' GL

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: CLEAN OUT/STIM ☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTER CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABAN. ☐
CASING TEST AND CMT 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.

WE PROPOSE TO: RU SLICKLINE UNIT. TAG FILL AT TD. IF FILL IS ABOVE
TD, THEN CLEAN OUT WITH COILED TBG. ACDZ W/ 2500 GALS 15% NEFEA/UNISOL.
TURN WELL OVER TO PROD.

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

SIGNATURE Wendi Kingston TITLE TECH. ASSISTANT

DATE: 08/31/94

TYPE OR PRINT NAME WENDI KINGSTON

TELEPHONE NO. (915)687-7826

ORIGINAL SIGNED BY JERRY SEXTON

APPROVED BY DISTRICT I SUPERVISOR TITLE

DATE SEP 02 1994

CONDITIONS OF APPROVAL, IF ANY: