

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 1-1-89

DISTRICT I

P.O. Box 1980, Hobbs, NM 88240

DISTRICT II

P.O. Drawer 0d, Artesia, NM 88210

DISTRICT III

1000 Rio Brazos Rd., Aztec, Nm 87410

| | |
|---|--|
| API NO. (assigned by OCD on New Wells) | |
| 30-025-04495 | |
| 5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> | |
| 6. State Oil & Gas Lease No. N/A | |
| 7. Lease Name or Unit Agreement Name EUNICE MONUMENT SOUTH UNIT | |
| 8. Well No. 256 | |
| 9. Pool name or Wildcat EUNICE MONUMENT <i>EB/SA</i> | |
| 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3578' GL | |

| SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) | | | |
|--|---|--|---|
| 1. Type of Well: OIL <input checked="" type="checkbox"/> GAS <input type="checkbox"/> WELL <input checked="" type="checkbox"/> WELL <input type="checkbox"/> OTHER <input type="checkbox"/> | | | |
| 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 <u>W</u> : <u>660</u> Feet From The <u>SOUTH</u> Line and <u>1980</u> Feet From The <u>EAST</u> Line Section <u>5</u> Township <u>21S</u> Range <u>36E</u> NMPM <u>LEA</u> County | | | |
| 11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data | | | |
| NOTICE OF INTENTION TO: | | SUBSEQUENT REPORT OF: | |
| PERFORM REMEDIAL WORK <input checked="" type="checkbox"/> | PLUG AND ABANDON <input type="checkbox"/> | REMEDIAL WORK <input type="checkbox"/> | ALTER CASING <input type="checkbox"/> |
| TEMPORARILY ABANDON <input type="checkbox"/> | CHANGE PLANS <input type="checkbox"/> | COMMENCE DRILLING OPNS. <input type="checkbox"/> | PLUG AND ABAN. <input type="checkbox"/> |
| PULL OR ALTER CASING <input type="checkbox"/> | | CASING TEST AND CMT JOB <input type="checkbox"/> | |
| OTHER: <input type="checkbox"/> | | OTHER: <input type="checkbox"/> | |

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:

ND WH, NU BOP, CLEAN OUT TO 3952'. OH 3837-3952 W/4000 GALS. ACDZ PERFS 3767-3809'
W/ 2000 GALS 15% NEFEA. FLOW/SWAB BACK LOAD.
RETURN TO PRODUCTION

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

SIGNATURE Nita Rice TITLE TECHNICAL ASSISTANT DATE: 9/21/93

TYPE OR PRINT NAME NITA RICE TELEPHONE NO. (915)687-7436

ORIGINAL SIGNED BY JERRY SEXTON

DISTRICT I SUPERVISOR

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

DATE

SEP 23 1993

RECEIVED

SEP 22 1993

REGISTRATION
OFFICE