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Submit 3 Copies To Appropriate District Office	State of New Mexico Energy, Minerals and Natural Resources			Form C-103 Revised March 25, 1999				
District I	Energy, Minierals and Natural Resources			WELL API NO.				
1625 N. French Dr., Hobbs, NM 87240 District II	OIL CONSERVATION DIVISION			30-025-04496				
811 South First, Artesia, NM 87210 District III	2040 South Pacheco			5. Indicate Type of Lease				
1000 Rio Brazos Rd., Aztec, NM 87410	Santa Fe, NM 87505			STATE X FEE				
District IV 2040 South Pacheco, Santa Fe, NM 87505				6. 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.)				7. Lease Name or Unit Agreement Name:				
1. Type of Well: Oil Well Gas Well	1 Other INJECTOR				EUNICE MONUMENT SOUTH UNIT			
2. Name of Operator					8. Well No.			
Chevron U.S.A. Inc.				257				
3. Address of Operator				9. Pool name or Wildcat				
P.O. Box 1150 Midland, TX 79702 4. Well Location				EUNICE MONUMENT; GRAYBURG-SAN ANDRES				
							.	
Unit Letter P:	feet from the	SOU	III line and	660 fee	t from the	EAST	line	
Section 5	Township 21		Range 36E	NMPM	C	ounty IFA		
	10. Elevation (Show who		DR, RKB, RT, GR, et 585*	(c.)				
11 Check A	ppropriate Box to Ind			Report or O	ther Da	ta		
NOTICE OF INTE	• • •	10aic	1	SEQUENT I				
PERFORM REMEDIAL WORK	PLUG AND ABANDON		REMEDIAL WORK	,oegoeiii i		LTERING CASING	à 🗆	
TEMPORARILY ABANDON	CHANGE PLANS		COMMENCE DRILL	ING OPNS.	Р	LUG AND		
PULL OR ALTER CASING	MULTIPLE COMPLETION		CASING TEST AND CEMENT JOB		□ ^	BANDONMENT		
OTHER:			OTHER: CLEANED	CETT. ACTO			x	
12. Describe Proposed or Completed	d Operations (Clearly state	all n	·		es inclu	ding estimated dat		
of starting any proposed work). or recompilation.								
WASHED THRU OH 3930'-3770'; MADE 2 PASSES, CIRC 2 TIMES BOTTOMS UP. PPD FOAM DOWN BACKSIDE, WHEN FOAM REACHED 3770', STARTED PPG ACID. ACZD 3770'-3930' W/1500 GALS 15% NEFE HCL. SI WELL 30 MIN TO LET ACID SPEND. FLOWED DOWN; JETTED WELL W/N2. RETURNED WELL TO INJECTION.								
WORK PERFORMED 11/18/99								
I hereby certify that the information above	is true and complete to the b	est of	my knowledge and belie					
OV Pil	1							
SIGNATURE CARRELLE SIGNATURE	4	TITI	E REGULATORY O.A.	<u> </u>	DA'I	E 1/27/00		
Type or print name J. R. RIPLEY	V			Tel	lephone I	No. (915)687-7	148	
(This space for State use)								
•	* *	- Children			ור א ידיר	. 		
APPROVED BY Conditions of approval, if any:		_ TIT	L <u>C</u>	<u> </u>	DATE	<u> </u>		