

Submit 3 Copies
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.	30-025-04501
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
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.)	
1. Type of Well: OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER INJECTOR	7. Lease Name or Unit Agreement Name EUNICE MONUMENT SOUTH UNIT
2. Name of Operator Chevron U.S.A. Inc.	8. Well No. 226
3. Address of Operator P.O. Box 1150, Midland, TX 79702	9. Pool name or Wildcat EUNICE MONUMENT:GRAYBURG-SAN ANDRES
4. Well Location Unit Letter 0 : 3300 Feet From The SOUTH Line and 1980 Feet From The EAST Line Section 5 Township 21S Range 36E NMPM LEA County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3597'	

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: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: SQZD, ACZD ☒

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/INJ PKR. RIH W/BLADE BIT, TAG @ 3960'. DUMPED 3000# SAND. RIH W/CIBP, TAGGED SAND @ 3746'; POH W/CIBP. ACZD W/1500 GALS 15% . PPD 125 SX CL "C" @ 3674'. ACZD W/3000 GALS RS, 4000 GALS FOAM. RIH W/INJ TBG, PKR @ 3644'. RETURNED TO INJECTION.

WORK PERFORMED 6/26/97 -7/8/97

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 9/10/97
TYPE OR PRINT NAME J. K. RIPLEY TELEPHONE NO. (915)687-7148

(This space for State Use)

APPROVED BY CHIEF DISTRICT SUPERVISOR WILLIAMS

CONDITIONS OF APPROVAL, IF ANY: TITLE _____ DATE _____