Submat 3 Copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

| District Office | | | | VCARen 1 | ·1 -0 7 |
|--|--|---|--------------------------------------|------------------------------|--------------------|
| DISTRICT I P.O. Box 1980, Hobbs NM 88241-1980 | OIL CONSERVATIO | | WELL API NO. | | |
| DISTRICT II P.O. Drawer DD, Artesia, NM 88210 | P.O. Box 2088 Santa Fe, New Mexico 87504-2088 | | 5. Indicate Type of | 30-025-04502 of Lease | |
| DISTRICT III | | | | STATE X | FEE |
| 1000 Rio Brazos Rd., Aztec, NM 87410 | NEC AND DECORATE AND DECORATE | | 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 GAS WELL WELL | OTHER INJECTOR | | EUNICE MONUMENT SOUTH UNIT | | |
| 2. Name of Operator | | | 8. Well No. | | |
| Chevron U.S.A. Inc. 3. Address of Operator | | | 9. Pool name or W | /ildcat | |
| P.O. Box 1150, Midland, | TX 79702 | | | ENT; GRAYBURG-SAN | ANDRES |
| 4. Well Location Unit Letter | Feet From The SOUTH | Line and 66 | Feet From | The EAST | Line |
| Section 5 | | inge 36E | NMPM | LEA | County |
| | 10. Elevation (Show whether | er DF, RKB, RT, GR, etc 3592' | .) | | |
| 11. Check App | ropriate Box to Indicate | | Report, or O | ther Data | |
| NOTICE OF INT | | 1 | _ | REPORT OF | : |
| PERFORM REMEDIAL WORK | PLUG AND ABANDON | REMEDIAL WORK | | ALTERING CASING | |
| TEMPORARILY ABANDON | CHANGE PLANS | COMMENCE DRILLING | OPNS | PLUG AND ABANDON | MENT [|
| PULL OR ALTER CASING | | CASING TEST AND CE | MENT JOB | | |
| OTHER: | | OTHER: SQZD, | PERFD, ACZD | | X |
| 12. Describe Proposed or Completed Operat | ions (Clearly state all pertinent deta | ils and give pertinent data | es including estimat | ted date of starting ans | proposed |
| work) SEE RULE 1103. | tons (county state an pertinent deta | uns, and give per unent date | es, menumik esimiai | et tate of starting any | proposed |
| 3755'. ACZD @ 3591' 3017'-3752'(CMT ALL 1 3841'(FELL OUT OF TAG | TED 1100# SAND; TAGGED @ 3 W/500 GALS 15% HCL. SET THE WAY TO CIBP). DRLD CI G @ 3010'). PBTD 3000'. D 3591'. RETURNED WELL TO | CICR @ 3688'. PPE BP, TAGGED SAND @ PERFD 3772'-3784' |) 150 SX CL "C 3764'; CLEANE | ". DRLD CMT D OUT SAND TO | |
| WORK PERFORMED 6/26/9 | 7-7/10/97 | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| I hereby certify that the information above is true | and complete to the best of my knowledge | and belief. | - | | |
| SIGNATURE OF K. Reply | | E TECHNICAL ASSIST | ANT | DATE9/10/ | <u>′97</u> |
| TYPE OR PRINT NAME J. K. RIPLEY | | | TE | ELEPHONE NO. (915)68 | 37-7148 |
| (This space for State Use) | 200 | | | | |
| LIUTAIOT I s | TY UTARS WAL <mark>IAMS</mark> SUPERVIS OR | | | DATE LA I | ja ≢raa |
| APPROVED BY CONDITIONS OF APPROVAL, IF ANY: | TITLE | I | | _ DATE | <u> </u> |
| • '= | | | | | |