

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 Dd, Artesia, NM 88210

DISTRICT III

1000 Rio Brazos Rd., Aztec, Nm 87410

API NO. (assigned by OCD on New Wells)

30-025-04502

6. Indicate Type of Lease

STATE



FEE ☐

6. State Oil & Gas Lease No.

N/A

7. Lease Name or Unit Agreement Name

EUNICE MONUMENT SOUTH UNIT

8. Well No.

227

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

GAS

WELL ☐

WELL ☐

OTHER

INJECTOR

2. Name of Operator

CHEVRON U.S.A. INC.

3. Address of Operator

P.O. BOX 1150 MIDLAND, TX 79702 ATTN: P.R. MATTHEWS

4. Well Location

Unit Letter

7

:

3300

Feet From The

SOUTH

Line and

660

Feet From The

EAST

Line

Section

5

Township

21S

Range

36E

NMPM

LEA

County

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

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



ALTER CASING



COMMENCE DRILLING OPNS.



PLUG AND ABAN.



CASING TEST AND CMT JOB



OTHER:

CLEAN OUT AND ACDZ



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.

MIRU, POOH WITH INJECTION EQUIP.

TIH AND CLEAN OUT TO 3900'.

ACDZ PERFS WITH 3000 GALS OF 15% NEFE, SWAB TEST.

TIH WITH INJECTION TUBING AND PACKER, SET AT 3600'.

LOAD BACK SIDE WITH PACKER FLUID AND TEST TO 300 PSI-OK.

RETURN TO INJECTION ON 1-3-92.

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

SIGNATURE

P. R. Matthews

TITLE

TECH. ASSISTANT

DATE:

1-7-92

TYPE OR PRINT NAME

P.R. MATTHEWS

TELEPHONE NO.

(915)687-7812

ORIGINAL SIGNED BY JERRY SEXTON

APPROVED BY

DISTRICT I SUPERVISOR

TITLE

DATE

JAN 09 '92

CONDITIONS OF APPROVAL, IF ANY: