Form C-103 State of New Mexico Submit 3 Copies To Appropriate District Energy, Minerals and Natural Resources Revised March 25, 1999 Office District I WELL API NO. 1625 N. French Dr., Hobbs, NM 87240 30-025-04508 District II OIL CONSERVATION DIVISION 811 South First, Artesia, NM 87210 5. Indicate Type of Lease 2040 South Pacheco District III STATE X FEE 1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, NM 87505 District IV 6. State Oil & Gas Lease No. 2040 South Pacheco, Santa Fe, NM 87505 SUNDRY NOTICES AND REPORTS ON WELLS 7. Lease Name or Unit Agreement Name: (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: EUNICE MONUMENT SOUTH UNIT Gas Well Oil Well Other INJECTOR 8. Well No. 2. Name of Operator 215 Chevron U.S.A. Inc. 9. Pool name or Wildcat 3. Address of Operator ELNICE MONUMENT; GRAYBURG-SAN ANDRES P.O. Box 1150 Midland, TX 79702 4. Well Location 3258 line and 660 feet from the line feet from the_ Unit Letter ___ **NMPM** County LEA Township 21S Range Section 10. Elevation (Show whether DR, RKB, RT, GR, etc.) 11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data SUBSEQUENT REPORT OF: NOTICE OF INTENTION TO: **ALTERING CASING** PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK COMMENCE DRILLING OPNS. **PLUG AND CHANGE PLANS TEMPORARILY ABANDON ABANDONMENT** CASING TEST AND \mathbf{x} **PULL OR ALTER CASING MULTIPLE** COMPLETION **CEMENT JOB** OTHER: OTHER: 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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation. FOUND THE LEAK; REPLACED BAD JOINT. TSTD FOR 30 MIN - BLED FROM 395# TO 380#. PKR @ 3651' PERFS @ 3722'-4015' TSTD 1/23/01 I hereby certify that the information above is true and complete to the best of my knowledge and belief. TITLE REGULATORY O.A. 2/13/01 _DATE ___ Telephone No. Type or print name (This space for State use) TITLE APPROVED BY Conditions of approval, if any: