

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-103  
Revised 10-1-78

|                        |  |
|------------------------|--|
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|                                           |                              |
|-------------------------------------------|------------------------------|
| 5a. Indicate Type of Lease                |                              |
| State <input checked="" type="checkbox"/> | Fee <input type="checkbox"/> |
| 5. 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. <input type="checkbox"/> OIL<br>2. <input type="checkbox"/> GAS<br>3. <input type="checkbox"/> WELL<br>4. OTHER- <u>W/W</u> | 7. Unit Agreement Name<br>Eunice Monument South Unit |
| 5. Name of Operator<br>Chevron U.S.A. Inc.                                                                                     | 8. Farm or Lease Name<br>Eunice Monument South Unit  |
| 6. Address of Operator<br>P. O. Box 670, Hobbs, NM 88240                                                                       | 9. Well No.<br>215                                   |
| 10. Field and Pool, or Wildcat<br>Eunice Monument G-SA                                                                         |                                                      |
| 11. Direction of Well<br>L 3258 FEET FROM THE North LINE AND 660 FEET FROM West LINE, SECTION 5 TOWNSHIP 21S RANGE 36E NMPM.   |                                                      |
| 12. Elevation (Show whether DF, RT, GR, etc.)                                                                                  | 13. County<br>Lea                                    |

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

|                                            |                                           |                                                     |                                                       |
|--------------------------------------------|-------------------------------------------|-----------------------------------------------------|-------------------------------------------------------|
| 14. REMEDIAL WORK <input type="checkbox"/> | PLUG AND ABANDON <input type="checkbox"/> | REMEDIAL WORK <input type="checkbox"/>              | ALTERING CASING <input type="checkbox"/>              |
| ABANDON <input type="checkbox"/>           | CHANGE PLANS <input type="checkbox"/>     | COMMENCE DRILLING OPNS. <input type="checkbox"/>    | PLUG AND ABANDONMENT <input type="checkbox"/>         |
| ALTER CASING <input type="checkbox"/>      | OTHER <input type="checkbox"/>            | CASING TEST AND CEMENT JOB <input type="checkbox"/> | cellar inspection <input checked="" type="checkbox"/> |

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.

Dug up cellar and repiped the casing valve to surface

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

|                               |                                      |                     |
|-------------------------------|--------------------------------------|---------------------|
| By <u>Elvin Allen for CLM</u> | TITLE <u>New Mexico Area Supt.</u>   | DATE <u>2-12-87</u> |
| By <u>Rafaelle</u>            | TITLE <u>OIL &amp; GAS INSPECTOR</u> | DATE <u>2-23-87</u> |

OTHER APPROVALS, IF ANY: