

Submit 3 Copies
to 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.	30-025-04510
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name	
EUNICE MONUMENT SOUTH UNIT	
8. Well No.	199
9. Pool name or Wildcat	EUNICE MONUMENT; GRAYBURG-SAN ANDRES

1. Type of Well:	GAS WELL <input type="checkbox"/> OTHER INJECTOR <input type="checkbox"/>		
2. Name of Operator	Chevron U.S.A. Inc.		
3. Address of Operator	P.O. Box 1150, Midland, TX 79702		
4. Well Location	Unit Letter H : 1980 Feet From The NORTH 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.)		3564'	

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: ACZ & SQZ ☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
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.

CHEVRON PROPOSES TO:
POH W/INJ EQPT. ACZ @ 3715' W/1500 GALS 15% RESISOL II. DUMP SAND TD-3720'; FILL TO 3712'.
SET CICR @ 3500', ESTAB INJ RATE. CMT SQZ W/200 SX N2. DO CICR & CMT TO 3706', PRESS TST SQZ
500 PSI. CLEAN OUT TO 3850'. TIH W/INJ EQPT; SET INJ PKR @ 3548'. PERFORM OCD MIT. RETURN
WELL TO INJECTION.

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 8/12/97
TYPE OR PRINT NAME J. K. RIPLEY TELEPHONE NO. (915)687-7148

(This space for State Use)

APPROVED BY J. K. Ripley TITLE TECHNICAL ASSISTANT DATE 8/12/97
CONDITIONS OF APPROVAL, IF ANY: