

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

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

WELL API NO.
30-025-04514

5. Indicate Type of Lease
STATE ☒ FEE ☐

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.)

1. Type of Well:
OIL WELL ☒ GAS WELL ☐ OTHER

2. Name of Operator
CHEVRON U.S.A. INC.

7. Lease Name or Unit Agreement Name
EUNICE MONUMENT
SOUTH UNIT

3. Address of Operator
P.O. BOX 1150 MIDLAND: TX 79702 ATTN: P.R. MATTHEWS

8. Well No.
196

4. Well Location
Unit Letter E : 1965 Feet From The NORTH Line and 660 Feet From The WEST 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: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: SQUEEZE, 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 PROD. EQUIP.
SPOT 57 SXs. SAND FROM 3864-3744.
SET PKR. AT 3640, PUMPED 200 GALS. 15% NEFE HCL.
PUMPED 361 GALS. POLYMER SQZ.
SWB/TST, CLEAN OUT SAND TO 3875.
TIH W/ PROD. EQUIP. EOT AT 3874.
RDMO, RETURN TO PRODUCTION.
WORK STARTED 8-29-91, WORK ENDE 9-5-91.

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

SIGNATURE P.R. Matthews TITLE TECHNICAL ASSISTANT DATE 9-6-91

TYPE OR PRINT NAME P.R. MATTHEWS TELEPHONE NO 687-7812

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: