

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 88240

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.
30-025-04514

5. Indicate Type of Lease
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

EUNICE MONUMENT

South Unit

8. Well No.

196

9. Foot name or Wildcat

EUNICE MONUMENT - GRAYBURG

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 USA INC.

3. Address of Operator
P.O. Box 1150 Midland TX 79702 ATTN RM 4111

4. Well Location
Unit Letter E : 1965 1980 Feet From The North Line and 660 Feet From The West

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: ☐

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.

TIH Plug back w/sand to $\pm$ 3746' Blend & pump $\pm$ 300 bbls
polymer Shut well in 48 HRS swab back. If polymer
job is failure Set CICK @ 3650' 592 OH f/ 3718-3746'
C/O & RETURN to production.

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

SIGNATURE E.O. Doherty

TITLE T.A. Drlg

DATE 5/13/91

TYPE OR PRINT NAME E.O. Doherty

687-7812

TELEPHONE NO.

(This space for State Use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: