

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department
OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

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

API NO. (assigned by OCD on New Wells)

30-025-04518

5. Indicate Type of Lease

STATE



FEE



6. State Oil & Gas Lease No.

E-230

7. Lease Name or Unit Agreement Name

EUNICE MONUMENT SOUTH UNIT

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

GAS

WELL



WELL



OTHER

INJECTOR

2. Name of Operator

CHEVRON U.S.A. INC.

3. Address of Operator

P.O. BOX 1150 MIDLAND, TX 79702 ATTN: NITA RICE

8. Well No.

243

9. Pool name or Wildcat

EUNICE MONUMENT/GB/SA

4. Well Location

Unit Letter

A

J

:

1980

Feet From The

SOUTH

Line and

1980

Feet From The

EAST

Line

Section

5

Township

21S

Range

36E

NMPM

LEA

County

10. Elevation(Show whether DF, RKB, RT, GR, etc.)

3587'

11 Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data			
NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK	<input type="checkbox"/>	REMEDIAL WORK	<input type="checkbox"/>
TEMPORARILY ABANDON	<input type="checkbox"/>	COMMENCE DRILLING OPNS.	<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>	CASING TEST AND CMT JOB	<input type="checkbox"/>
OTHER: CLEAN OUT/STIM	<input checked="" type="checkbox"/>	OTHER:	<input type="checkbox"/>
PLUG AND ABANDON	<input type="checkbox"/>	ALTER CASING	<input type="checkbox"/>
CHANGE PLANS	<input type="checkbox"/>	PLUG AND ABAN.	<input type="checkbox"/>

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.

WE PROPOSE TO: RU SLICKLINE UNIT. TAG FILL AT TD. IF FILL IS ABOVE
TD, THEN CLEAN OUT WITH COILED TBG. ACDZ W/ 4000 GALS 15% NEFEA/UNISOL.
TURN WELL OVER TO PROD.

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

SIGNATURE

Wendy Kingston

TITLE

TECH. ASSISTANT

DATE:

08/31/94

TYPE OR PRINT NAME

WENDY KINGSTON

TELEPHONE NO.

(915)687-7826

ORIGINAL FILED BY TECH. SECTION

DISTRICT I SUPERVISOR

APPROVED BY

TITLE

DATE

SEP 02 1994

CONDITIONS OF APPROVAL, IF ANY: