Submit 3 Copies to Appropriate District Office

CONDITIONS OF APPROVAL, IF ANY:

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

District Office		
DISTRICT I OIL CONSERVAT		WELL API NO.
P.O. Box 1980, Hobbs NM 88241-1980 P.O. Box 2088 DISTRICT II P.O. Drawer DD, Artesia, NM 88210 DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410		30-025-04519
		5. Indicate Type of Lease
		STATE X 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.)		7. Lease Name or Unit Agreement Name
I. Type of Well: OIL GAS WELL WELL OTHER INJECTOR		EUNICE MONUMENT SOUTH UNIT
2. Name of Operator		8. Well No.
Chevron U.S.A. Inc. 3. Address of Operator	· · · · · · · · · · · · · · · · · · ·	242
P.O. Box 1150, Midland, TX 79702		9. Pool name or Wildcat EUNICE MONUMENT; GRAYBURG-SAN ANDRES
4. Well Location Unit Letter Q : 1980 Feet From The SOV	TH Line and 66	
Section 5 Township 21S	Range 36E	NMPM LEA County
10	hether DF, RKB, RT, GR, etc	
	3567'	
Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data		
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:		
PERFORM REMEDIAL WORK PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON CHANGE PLANS	COMMENCE DRILLING	OPNS. PLUG AND ABANDONMENT
PULL OR ALTER CASING CASING TEST AND CEMENT JOB		
COUPERTS DEDEC A ACTUATE	σ	
OTHER:SQUEEZE PERFS & ACIDIZE	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. VERIFY PBTD @ 3950'. DUMP SAND TD - 3790'. TAG SAND; DUMP SAND & FILL TO 3784'. SET CICR @ 3640', ESTABLISH INJ RATE. CMT SQZ ZONES 1 & 2 W/200 SX N2 CMT. DRILL OUT CICR & CMT TO 3770', PRESS TST SQZ 500 PSI. CLEAN OUT TO 3950'. PICKLE TBG @ 3650' W/500 GALS 15%. ACZ OH @ 3780' W/3000 GALS 15% RESISOL II. RIH W/INJ EQPT. PERFORM OCD MIT. RETURN WELL TO INJECTION.		
I hereby certify that the information above is true and complete to the best of my know SIGNATURE TYPE OR PRINT NAME J. K. RIPLEY (This space for State US) RIGINAL SIGNSD BY SCRRY SEXTON DISTRICT 1 SUPERVISOR	viedge and belief. тпе <u>TECHNICAL ASSIS</u>	TELEPHONE NO. (915)687-7148
APPROVED BY	TITLE	DATE 28 1087