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.

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

1. Type of Well:
   OIL WELL [X]   GAS WELL [ ]   OTHER

Eunice Monument South Unit

2. Name of Operator

Chevron U.S.A. Inc.

8. Well No.

248-S

3. Address of Operator

P. O. Box 670   Hobbs, NM 88240

9. Pool name or Wildcat

Eunice Monument GB/SA

4. Well Location

Unit Letter __S__ : __1980__ Feet From The __South__ Line and __1820.94__ Feet From The __West__ Line

Section __6__   Township __21 S__   Range __36 E__   NMPM   Lea   County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3567

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: Status update [X]

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.

Well was equipped to pump, 9/20/88, proposed work to deepen wasn't performed.
Well is producing from GB/SA (OH 3770-3867) completion.

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

SIGNATURE __M. E. Akins__   TITLE __Staff Drilling Engineer__   DATE __10/03/89__

TYPE OR PRINT NAME __M. E. Akins__   TELEPHONE NO. __393-4121__

(This space for State Use)   ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

OCT 16 1989

APPROVED BY _____   TITLE _____   DATE _____

CONDITIONS OF APPROVAL, IF ANY: