Submit 3 Copies To Appropriate District Office	State of New Mexico		Form C-10	
District I 1625 N. French Dr., Hobbs, NM 88240	Energy, Minerals and Natural Resources		Revised March 25, 199 WELL API NO.	
District II 1301 W. Grand Avenue, Artesia, NM 88210	OIL CONSERVATION DIVISION		30-025-04522	
District III	1220 South St. Francis Dr.		5 Indicate Type of Lease	_
1000 Rio Brazos Rd., Aztec, NM 87410 District IV	Santa Fe, NM 87505		STATE FEE 6 State Oil & Gas Lease No.	
1220 S. St. Francis Dr., Santa Fe, NM 87505			o State Off & Gas Lease No.	
	S AND REPORTS ON WEI		7 Lease Name or Unit Agreeme	ent Nar
(DO NOT USE THIS FORM FOR PROPOSAL DIFFERENT RESERVOIR. USE "APPLICAT	TION FOR PERMIT" (FORM C-10)) FOR SUCH	Eunice Monument South	Unit
PROPOSALS.) 1. Type of Well:				
Oil Well Gas Well	Other			
2. Name of Operator Chevron USA, Inc.		3. Well No.		
3. Address of Operator 15 Smith Rd. Midland, Tx 79705		9. Pool name or Wildcat		
		Eunice Monument, Grayburg	S.A.	
4. Well Location				
Unit Letter E : 198	80 feet from the North	line and 66	0 feet from the West	lir
Section 6	Township 21-S 0. Elevation (Show whethe	Range 36E	NMPM County Lea	
	o. Elevation (Snow whethe	r DK, KKB, KI, GK, e.	(C.)	
11. Check App	ropriate Box to Indicate	Nature of Notice,	Report or Other Data	
NOTICE OF INTE		1	SEQUENT REPORT OF:	
PERFORM REMEDIAL WORK P	PLUG AND ABANDON	REMEDIAL WOR		SING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DR		
PULL OR ALTER CASING N	ABANDONME CASING TEST AND		NT	
	COMPLETION	CEMENT JOB	"	
OTHER:		OTHER:		
or recompilation.	EE RULE 1103. For Multiple Grayburg-San Andres-Que Brine w/25# Gel P/BBL 500' to 2400' (B-Salt) 325' to 1100' (8 5/8" shoe, Osx (12 1/2" shoe, surface)	le Completions: Attac ens) Mix & pump 30 T-salt) Tag @ 1057'	h wellbore diagram of proposed com	pletion
	Approved as to pluggin Liability under bond is surface restoration is co	retained until	, A Section 1	
I hereby certify that the information ab	ove is true and complete to the	ne best of my knowled	ge and belief	
I hereby certify that the information ab		*	_	30.0
I hereby certify that the information ab		*	ge and belief. DATE Z-A	02
SIGNATURE TIME OF THE PROPERTY	TITL	*	DET WELL SERV. DATE Z-F	02
SIGNATURE T		*	_	02 83 808
Type or print name (This space for State use)	SAGLÉY TITL	E <u>MANAGER/SUA</u>	Telephone No. 78 S	02 203
Type or print name (This space for State use) APPPROYEDBY	TITL	E <u>MANAGER/SUA</u>	DET WELL SERV. DATE Z-F	202 203 203
Type or print name Type or print name (This space for State use) APPPROVEDBY Conditions of approval, if any: GARY WINK	TITLE TITLE	E <u>MANAGER/SUA</u>	Telephone No. 78 S	0 2 8 3
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Type or print name Type or print name (This space for State use) APPPROVEDBY Conditions of approval, if any: GARY WINK	TITLE TITLE	E <u>MANAGER/SUA</u>	Telephone No. 78 S	02 303