

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 66, Artesia, NM 88210

DISTRICT III

1000 Rio Brazos Rd., Aztec, Nm 87410

API NO. (assigned by OCD on New Wells) 30-025-04528
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. N/A
7. Lease Name or Unit Agreement Name EUNICE MONUMENT SOUTH UNIT
8. Well No. 252
9. Pool name or Wildcat EUNICE MONUMENT GB/SA
4. Well Location Unit Letter W : 660 Feet From The SOUTH Line and 1980 Feet From The EAST Line Section 6 : 21S Range 36E NMPM LEA County
10. Elevation (Show whether DF, RKB, RV, GA, etc.) 3588' GR

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"
(FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well:
OIL ☐ GAS ☐
WELL ☒ WELL ☐ OTHER ☐

2. Name of Operator
CHEVRON U.S.A. INC.

3. Address of Operator
P.O. BOX 1150 MIDLAND, TX 79702 ATTN: NITA RICE

4. Well Location
Unit Letter **W** : **660** Feet From The **SOUTH** Line and **1980** Feet From The **EAST** Line
Section **6** : **21S** Range **36E** NMPM **LEA** County

10. Elevation (Show whether DF, RKB, RV, GA, etc.)
3588' GR

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

WORK PERFORMED 8-26 THRU 8-31-93
MIRU PU, NU BOP. CLEAN OUT & ACIDIZE OH (3769-3977') W/6000 GALS 15% NEFEA.
SWAB, GIH W/PROD TBG, ND BOP. RETURN TO PRODUCTION

PRODUCTION BEFORE WORKOVER = 2 BO, 139 BW, 1 MCFPD
AFTER WORKOVER = 16 BO, 434 BW, 39 MCFPD

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

SIGNATURE Nita Rice TITLE TECHNICAL ASSISTANT DATE: 9/15/93

TYPE OR PRINT NAME NITA RICE TELEPHONE NO. (915)687-7436

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ DATE SEP 23 1993
CONDITIONS OF APPROVAL, IF ANY: _____

RECEIVED

SEP 22 1993

**COMPTROLLER
OFFICE**

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PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CMT JOB <input type="checkbox"/>
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SIGNATURE Nita Rice TITLE TECHNICAL ASSISTANT DATE: 7/13/93
TYPE OR PRINT NAME NITA RICE TELEPHONE NO. (915)687-7436

ORIGINAL SIGNED BY JERRY SEXTON
APPROVED BY DISTRICT I SUPERVISOR TITLE DATE JUL 15 1993
CONDITIONS OF APPROVAL, IF ANY: