ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1

5a. Indicate Type of Lease
State [X] Fee [ ]

5. 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.)

OIL WELL [XX] GAS WELL [ ] OTHER-

7. Unit Agreement Name
Eunice Monument South Ut

Name of Operator
Chevron U.S.A. Inc..

8. Farm or Lease Name

Address of Operator
P.O. Box 670, Hobbs, NM 88240

9. Well No.
252

Location of Well
UNIT LETTER W, 660 FEET FROM THE South LINE AND 1980 FEET FROM THE East LINE, SECTION 6 TOWNSHIP 21S RANGE 36E NMPM.

10. Field and Pool, or Wildcat
Eunice Monument G/SA

15. Elevation (Show whether DF, RT, GR, etc.)

12. County
Lea

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK	[ ]	PLUG AND ABANDON	[ ]
TEMPORARILY ABANDON	[ ]		
PULL OR ALTER CASING	[ ]	CHANGE PLANS	[ ]
OTHER			[ ]

SUBSEQUENT REPORT OF:

REMEDIAL WORK	[ ]	ALTERING CASING	[ ]
COMMENCE DRILLING OPNS.	[ ]	PLUG AND ABANDONMENT	[ ]
CASING TEST AND CEMENT JOB	[ ]		
OTHER dpn, log, perf, treat			[XX]

17. 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.

TD: 3973' PB: 3973' Work performed 1-8-88 through 1-12-88

POOH w/ prod. equip. Change out wellhead to 7 1/16", NU 7 1/16" BOP, test to 550psi, ok.
POOH w/ 2 3/8" prod. tbg. Break circ. w/foam air, wash 16' fill to bottom at 3890'.
Drill formation 3890' to 3973', Circ hole clean w/foam air. Ran CNL/CCL/GR and caliper no perfs needed, TIH w/ 2 3/8" prod. tbg, End of tbg at 3864', SN at 3849.
Run rods, pump, space out, hang well on, Load tbg w/10bbl BW, test to 500psi, ok.
Turn over to production.

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

SIGNED M. E. Akins TITLE Staff Drilling Engineer DATE Janaury 18, 1988

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

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SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-

5a. Indicate Type of Lease
State [X] Fee [ ]

5. 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.)

OIL WELL [X] GAS WELL [ ] OTHER-

7. Unit Agreement Name
Eunice Monument South

Name of Operator
Chevron U.S.A. Inc.

8. Farm or Lease Name
Unit

Address of Operator
P. O. Box 670, Hobbs, NM 88240

9. Well No.
252

Location of Well
UNIT LETTER W . 660 FEET FROM THE South LINE AND 1980 FEET FROM THE East LINE, SECTION 6 TOWNSHIP 21S RANGE 36E NMPM.

10. Field and Pool, or Wildcat
Eunice Monument G/SA

15. Elevation (Show whether DF, RT, GR, etc.)

12. County
Lea

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK	[ ]	PLUG AND ABANDON	[ ]
TEMPORARILY ABANDON	[ ]		
PULL OR ALTER CASING	[ ]	CHANGE PLANS	[ ]
OTHER Deepen, log, perf, treat	[X]		

SUBSEQUENT REPORT OF:

REMEDIAL WORK	[ ]	ALTERING CASING	[ ]
COMMENCE DRILLING OPNS.	[ ]	PLUG AND ABANDONMENT	[ ]
CASING TEST AND CEMENT JOB	[ ]		
OTHER	[ ]		

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.

TD 3890'
It is proposed to deepen well 83', log, perf and treat as necessary. Well will be returned to production.

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

SIGNED [signature] TITLE Staff Drilling Engineer DATE 11-6-87

APPROVED BY Orig. Signed by Paul Kautz Geologist TITLE _____ DATE NOV 12 1987

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SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

5a. Indicate Type of Lease: State [X] Fee [ ]

5. 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.)

OIL WELL [X] GAS WELL [ ] OTHER-

7. Unit Agreement Name: Eunice Monument South Unit

Name of Operator: Chevron U.S.A. Inc.

8. Farm or Lease Name: Eunice Monument South Unit

Address of Operator: P. O. Box 670, Hobbs, ~~NM~~ 88240

9. Well No. 252

Location of Well: UNIT LETTER W, 660 FEET FROM THE South LINE AND 1980 FEET FROM THE East LINE, SECTION 6, TOWNSHIP 21S, RANGE 36E, NMPM.

10. Field and Pool, or Wildcat: Eunice Monument G-SA

15. Elevation (Show whether DF, RT, GR, etc.)

12. County: Lea

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 [ ]		COMMENCE DRILLING OPNS. [ ]	PLUG AND ABANDONMENT [ ]
PULL OR ALTER CASING [ ]	CHANGE PLANS [ ]	CASING TEST AND CEMENT JOB [ ]	
OTHER [ ]		OTHER cellar inspection [X]	

17. 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.

Dug up cellar and repiped the casing valve to surface.

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

Elvin Allen for CLM TITLE New Mexico Area Supt. DATE 2-13-87

APPROVED BY [signature] TITLE OIL & GAS INSPECTOR DATE 2-14-87

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ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator
Chevron U. S. A. Inc.

Address
P. O. 670, Hobbs, New Mexico 88240

Reason(s) for filing (Check proper box)

- [ ] New Well
- [ ] Recompletion
- [ ] Change in Ownership
- Change in Transporter of:
  - [X] Oil
  - [X] Casinghead Gas
  - [ ] Dry Gas
  - [ ] Condensate
- Other (Please explain)
  Split Connection on both oil & gas

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease (State, Federal or Fee)	Lease No.
Eunice Monument South Unit	252	Eunice Monument, G-SA	State	

Location
Unit Letter W : 660 Feet From The South Line and 1980 Feet From The East Line of Section 6 Township 21S Range 36E, NMPM, Lea County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [X] or Condensate [ ]
ARCO, Shell, & Texas New Mexico Pipeline
Address (Give address to which approved copy of this form is to be sent)

Name of Authorized Transporter of Casinghead Gas [X] or Dry Gas [ ]
Texaco and Phillips ~~Petroleum~~ Prod GPM Gas Corporation 66 Natl Gas
Address (Give address to which approved copy of this form is to be sent)
EFFECTIVE: February 1, 1992

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	P	6	21S	36E	yes	unknown

If this production is commingled with that from any other lease or pool, give commingling order number:

NOTE: *Complete Parts IV and V on reverse side if necessary.*

CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

Elaine Allen for CLM
(Signature)
New Mexico Area Superintendent
(Title)
12-11-86
(Date)

OIL CONSERVATION DIVISION

APPROVED JAN 6 1987, 19

BY ORIGINAL SIGNED BY JERRY SEXTON

TITLE DISTRICT I SUPERVISOR

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

IV. COMPLETION DATA

Designate Type of Completion – (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resv.	Diff. Res'v.

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Perforations			Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

OIL WELL

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size