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State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103

to Appropriate		SERVATION DIVISION	Kevisied 1-1-89
District Office	OIL CON	P.O. Box 2088	
DISTRICT 1	Santa	Fe, New Mexico 87504-2088	
P.O. Box 1980, Hobbs, NM 88		10, 11011 MOXICO 0700+ 2000	
DISTRICT II			API NO. (assigned by OCD on New Wells)
P.O. Drawer Dd, Artesia, NM 8	8210		30-025-04530
DISTRICT III 1000 Rio Brazos Rd., Aztec, Nr	n 87410		5. Indicate Type of Lesse STATE X FEE
			6. State Oil & Gas Lesse No.
	SUNDRY NOTICES AND	REPORTS ON WELLS	E-230
(DO NOT US		DRILL OR TO DEEPEN OR PLUG BACK TO A	7. Lesse Name or Unit Agreement Name
	DIFFERENT RESERVOIR. USE *  (FORM C-101) FOR SUCH	APPLICATION FOR PERMIT"	EUNICE MONUMENT SOUTH UNIT
1. Type of Well:	<u> </u>		<b>–</b>
OIL	GAS	IN IECTOR	
WELL	WELL OTHER	INJECTOR	0.04/100
2. Name of Operator  CHEVROI	N U.S.A. INC.		8. Well No. 223
3. Address of Operator	LAND, TX 79702 ATTN: WE	NDI KINIGSTON	9. Pool name or Wildcet EUNICE MONUMENT/GB/SA
4. Well Location	***************************************		
Unit Letter Section		set From The SOUTH Line and pownship 21S Range	660   Feet From The   EAST   Line
		O. Elevation(Show whether DF, RKB, RT, GR, etc.)	
		3592' GL	
NOTICE (	Check Appropriate Box to In F INTENTION TO:	decate Nature of Notice, Report, or Other Data SUBSEQUENT F	
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTER CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING OPNS.	PLUG AND ABAN.
PULL OR ALTER CASING		CASING TEST AND CMT JOB	┩
OTHER: CLEAN O	UT/STIM [	OTHER:	X
	pleted Operations(Clearly state all pertinent by proposed work) SEE RULE 1103.	details, and give pertinent dates, including	
WORK	STARTED 10/11/94: RUSI	ICKLINE UNIT. TAG FILL AT TD.	
	W/ 4500 GALS 15% NEFEA		
	WELL OVER TO PROD 10/11		
10144	WEEE OVER TOTALOG TOTAL	,54.	
		4.4	
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_	4 40 4	f 5	
I hereby certify that the high a	ition above it the and complete to the best	f my knowledge and belief.	
SIGNITURE	MANOS ZIGOLOR	TECH. ASSISTANT	DATE: 11/29/94
TYPE OR PRINT NAME	WENDI KINGSTON		TELEPHONE NO. (915)687-7826
	CRIGINAL MONTH OF THE		UEC 01 1994
APPROVED BY	TOTAL SECTION OF THE THE	기에 TLE	DATE
CONDITIONS OF APPROVAL, I	F ANY:		

NOV 3 U 1994
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Submit 3 Copies

to Appropriate

## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103

to reproprieto	~ · · ·	Hatural Nesources Department	Revisied 1-1-89		
District Office	OIL CONSER\	VATION DIVISION			
	P.O	. Box 2088			
DISTRICT I	Santa Fe	New Mexico 87504-2088			
P.O. Box 1980, Hobbe, NM 88240	· · · · · · · · · · · · · · · · · · ·	14644 INIEXICO 07504-2000			
DISTRICT II			ARI NO Jessierad by CCR and No. 10 High		
P.O. Drewer Dd, Artesia, NM 882	10		API NO. (essigned by OCD on New Welle) 30-025-04530		
DISTRICT III	.•				
1000 Rio Brazos Rd., Aztec, Nm 8	<b>37410</b>		5. Indicate Type of Lease STATE X FEE		
, , , , , , , , , , , , , , , , , , , ,			STATE X FEE		
			6. State Oil & Gas Lease No.		
			E-230		
	SUNDRY NOTICES AND REPORT	RTS ON WELLS			
(DO NOT USE	THIS FORM FOR PROPOSALS TO DRILL O	OR TO DEEPEN OR PLUG BACK TO A	7. Lease Name or Unit Agreement Name		
	DIFFERENT RESERVOIR. USE "APPLIC	ATION FOR PERMIT"	EUNICE MONUMENT SOUTH UNIT		
	(FORM C-101) FOR SUCH PROPOS	SALS.)			
1. Type of Well:					
OIL	GAS	FOTOR			
WELL	WELL OTHER INJ	ECTOR			
2. Name of Operator			8. Well No.		
CHEVRON U	U.S.A. INC.		223		
3. Address of Operator			9. Pool name or Wildcat		
	ND, TX 79702 ATTN: NITA RIC	<u> </u>	EUNICE MONUMENT/GB/SA		
4. Well Location Unit Letter	P : 3300 Feet From	The SOUTH Line and	660 5107		
	6 Township	70470	660 Feet From The EAST Line		
0000001	O TOWNSHIP	_ : _	36E NMPM LEA County		
WHICKER TO THE	10. Fleve	rtion(Show whether DE RKR RT GR etc.)	Wildern to a		
	10. Eleve	stion(Show whether DF, RKB, RT, GR, etc.) 3592' GL			
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NOTICE OF	Check Appropriate Box to Indecate INTENTION TO:	3592' GL Nature of Notice, Report, or Other Data SUBSEQUENT RE	7		
NOTICE OF PERFORM REMEDIAL WORK	Check Appropriate Box to Indecate INTENTION TO:  PLUG AND ABANDON	3592' GL Nature of Notice, Report, or Other Data	EPORT OF:  ALTER CASING		
NOTICE OF	Check Appropriate Box to Indecate INTENTION TO:	3592' GL Nature of Notice, Report, or Other Data SUBSEQUENT RE	7		
NOTICE OF PERFORM REMEDIAL WORK	Check Appropriate Box to Indecate INTENTION TO:  PLUG AND ABANDON	3592' GL Nature of Notice, Report, or Other Data SUBSEQUENT RE REMEDIAL WORK	ALTER CASING		
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DATE:	08/31/94
TELEPHO	NE NO. (915)687-7826
DATE	SEP 02 1994
_	TELEPHOI DATE

Submit 3 Copies to Appropriate

### State of New Mexico Energy, Minerals and Natural Resources Department OIL CONSERVATION DIVISION

Form C-103

# District Office

DISTRICT II  P.O. Drawer Dd. Artesia, NM 88210  DISTRICT III  1000 Rio Brazos Rd., Aztec, Nm 87410  SUNDRY NOTICES AND REPORTS Of the proposal of Comments of the proposal of Comments of the proposal of Comments of the proposal of Change Plans  SUNDRY NOTICES AND REPORTS Of DISTRICT III  SUNDRY NOTICES AND REPORTS Of The proposal of Comments of the proposal of the	API NO. (assigned by OCD on New Wells) 30-025-04530  5. Indicate Type of Lease STATE  6. State Oil & Gas Lease No. N/A  DN WELLS D DEEPEN OR PLUG BACK FOR PERMIT"  EUNICE MONUMENT SOUTH UNIT  TOR  8. Well No. 223  9. Pool name or Wildcat EUNICE MONUMENT/GB - A  H Line and 660 Feet From The EAST Line Range 36E NMPM LEA Col. GR
SANTA Fe, New M  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  SUNDRY NOTICES AND REPORTS C  (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DIFFERENT RESERVOIR. USE "APPLICATION (FORM C-101) FOR SUCH PROPOSALS.)  1. Type of Well:  OIL  GAS  WELL  WELL  OTHER WATER INJECT  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  P: 3300 Feet from The SOUTI  Section  NOTICE OF INTENTION TO:  ERFORM REMEDIAL WORK  PLUG AND ABANDON  CHANGE PLANS  CASING T  OTHER:	API NO. (assigned by OCD on New Wells)  30-025-04530  5. Indicate Type of Lease STATE X FEE  6. State Oil & Gas Lease No. N/A  ON WELLS O DEEPEN OR PLUG BACK FOR PERMIT"  EUNICE MONUMENT SOUTH UNIT  TOR  8. Well No. 223  9. Pool name or Wildcat EUNICE MONUMENT/GB  ### Line and Range 36E NMPM LEAST Line Counter DF, RKB, RT, GR, etc.]
SUNDRY NOTICES AND REPORTS (  (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DIFFERENT RESERVOIR. USE "APPLICATION (FORM C-101) FOR SUCH PROPOSALS.)  1. Type of Well: OIL  GAS WELL  VELL  OTHER WATER INJECT  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  P: 3300 Feet From The SOUTH  Section  Township  10. Elevation(Show with address)  11. Type of Well:  OTHER WATER INJECT  CHEVRON U.S.A. INC.  3. Address of Operator  P.O. BOX 1150 MIDLAND, TX 79702 ATTN: NITA RICE  4. Well Location  OTHER WATER INJECT  Township  10. Elevation(Show with address)  11. Township  Check Appropriate Box to Indecate Nature of NOTICE OF INTENTION TO:  ERFORM REMEDIAL WORK  PLUG AND ABANDON  CHANGE PLANS  COMMEN:  CASING TOTHER:  C. Describe Proposed of Completed Control of the Casing Tother:  C. Describe Proposed of Completed Control of the Casing Tother:  C. Describe Proposed of Completed Control of the Casing Tother:  C. Describe Proposed of Completed Control of the Casing Tother:  C. Describe Proposed of Completed Control of the Casing Tother:  C. Describe Proposed of Completed Control of the Casing Tother:  C. Describe Proposed of Completed Control of the Casing Tother:  C. Describe Proposed of Completed Control of the Casing Tother the Casin	5. Indicate Type of Lesse STATE X FEE  6. State Oil & Gas Lease No. N/A  ON WELLS O DEEPEN OR PLUG BACK FOR PERMIT"  EUNICE MONUMENT SOUTH UNIT  TOR  8. Well No. 223  9. Pool name or Wildcat EUNICE MONUMENT/GB SA  H Line and 660 Feet From The EAST Line Range 36E NMPM LEA Col. GR
SUNDRY NOTICES AND REPORTS (  (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DIFFERENT RESERVOIR. USE "APPLICATION (FORM C-101) FOR SUCH PROPOSALS.)  1. Type of Well: OIL GAS WELL OTHER WATER INJECT  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 P: 3300 Feet From The SOUTH Township 21S  10. Elevation(Show with Section Section Form The South Section Section Remedial Work Plug and Abandon Remedial Work Plug and Abandon Remedial Work Plug and Abandon CHANGE PLANS  C. Describe Proposed of Completed Control of Castric Proposed of Castric P	5. Indicate Type of Lesse STATE X FEE  6. State Oil & Gas Lease No. N/A  ON WELLS O DEEPEN OR PLUG BACK FOR PERMIT"  EUNICE MONUMENT SOUTH UNIT  TOR  8. Well No. 223  9. Pool name or Wildcat EUNICE MONUMENT/GB SA  H Line and 660 Feet From The EAST Line Range 36E NMPM LEA Col. GR
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CHEVRON U.S.A. INC.  3. Address of Operator  P.O. BOX 1150 MIDLAND, TX 79702 ATTN: NITA RICE  4. Well Location  Unit Letter  P: 3300 Feet From The SOUTH  Township 215  10. Elevation(Show with the state of the stat	8. Well No.  223  9. Pool name or Wildcat  EUNICE MONUMENT/GB - SA  H Line and 660 Feet From The EAST Line Range 36E NMPM LEA Counter  Counter OF, RKB, RT, GR, etc.)
Address of Operator P.O. BOX 1150 MIDLAND, TX 79702 ATTN: NITA RICE  Well Location Unit Letter P: 3300 Feet From The SOUTI Township 21S  10. Elevation(Show with the soution of the soution) 10. Elevation(Show with the soution) 11. Check Appropriate Box to Indecate Nature of the soution of th	223  9. Pool name or Wildcat  EUNICE MONUMENT/GB - 5./  H Line and 660 Feet From The EAST Line Range 36E NMPM LEA Counter DF, RKB, RT, GR, etc.)  GB
P.O. BOX 1150 MIDLAND, TX 79702 ATTN: NITA RICE  4. Well Location Unit Letter P: 3300 Feet From The SOUTH Township 21S  10. Elevation(Show with a street of the street of	9. Pool name or Wildcat  EUNICE MONUMENT/GB - S/4  H Line and 660 Feet From The EAST Line Range 36E NMPM LEA Countered Counter
Unit Letter P : 3300 Feet From The SOUT Township 21S  10. Elevation(Show with a street and the sout of	H Line and 660 Feet From The EAST Line Range 36E NMPM LEA COL
Section 6 Township 21S  Township 21S  10. Elevation(Show with a street of the street o	H         Line and         660 Feet From The         EAST Line           Range         36E         NMPM         LEA         Country           GB         GB         NMPM         LEA         Country
Township 21S  10. Elevation(Show with a street of the stre	Range 36E NMPM LEA Countries of the Coun
10. Elevation(Show with a state of the completed Coordinate Proposed of Co	Range 36E NMPM LEA Countries DF, RKB, RT, GR, etc.)
Check Appropriate Box to Indecate Nature of NOTICE OF INTENTION TO:  REFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL  CHANGE PLANS COMMENT  CHER:  CHER:  CHER:  CHER:  CHER:  CHER:  CHER:  CHECK Appropriate Box to Indecate Nature of Natu	GR
Check Appropriate Box to Indecate Nature o  NOTICE OF INTENTION TO:  REFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL  MPORARILY ABANDON CHANGE PLANS COMMENT  PLUC OR ALTER CASING CASING THER:  CASING TO THER:	t Nation D
REFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL MPORARILY ABANDON CHANGE PLANS COMMEN: CASING T OTHER:	
MPORARILY ABANDON CHANGE PLANS COMMENT  CASING T	SUBSEQUENT REPORT OF:
COMMENT THER:  2. Describe Proposed or Completed Conventions  CHANGE PLANS  COMMENT CASING T OTHER:	WORK TO THE TORY OF:
HER:  CASING T  OTHER:	I I ALTER CASING I I
OTHER:	CE DRILLING OPNS. PLUG AND ABAN.
Describe Proposed or Completed Consumption	EST AND CMT JOB
Describe Proposed or Completed Operations(Clearly state all pertinent details	REPAIR CASING LEAK & ACIDIZE
esticated data of Completed Operations(Clearly state all pertinent details and	
esticated date of starting any proposed work) SEE RULE 1103.	e pertinent dates, including
The proposed works are HULE 1103.	
WORK PERFORMED 10-20-92 THRU 10-26-92	
RIH SET PRD @ 2007 2007	
RIH SET RBP @ 3687, SET PKR @ 3676, TST BP F/2079-2111. POW W/PKR & BP BIH W/PIT TAGE	TO 1000#, LOCATE 5-1/2" CASING LEAK
TOOL WILL TO	T TDC TO COOK
W/FRESH WATER. PMP 50 BBLS PKR FLUID, RUN	CSC INTEREST
RETURN WELL TO INJECTION	CSG INTEGRITY TEST.
TO MOLOTION	
by certify that the information	
by certify that the information above is you and complete to the best of my knowledge	

Thereby certify that the information above is true and complete to the best of my knowledge and belief.		
TITLE TECHNICAL ASSISTA	NT DATE:	10/27/92
TYPE OR PRINT NAME NITA RICE		
ORIGINAL SIGNED BY JERRY SEXTON	TELEPHONE NO	o. (915)687-7436
APPROVED BY DISTRICT I SUPERVISOR TITLE CONDITIONS OF APPROVAL, IF ANY:	DATE	92° 9° 100

ATTENTION: SONNIE AT OCD

TUBING SIZE 2	3/8
PACKER SETTING DEPTH	3695
PERFS TOP & BOTTOM	3738 -3967

#### CHEVRON U.S.A PRODUCTION CO.

# PRESSURE TEST REPORT NEW MEXICO

1. LEASE NAME: E					
2. WELL NO. 223	Wic				
3. LOCATION: UNIT	P	SECTION	10	T 2/-S R	36-E
4. COUNTY: LeA			-		
5. REASON FOR TES	T:			ST PRIOR TO INJE	CTION
		X	AFTER WC		
		<del></del>	FIVE YEAR OTHER (SF		
6. DATE OF TEST:	14 - 21		OTHER (SP	ECIFY	
3. B/(12 0/ 1201.	10-26-	72	-		
7. TEST PRESSURE:					
					SURFACE
	TIME:	TUBING		CASING	CASING
			_		
	INITIAL	Open		480	Open
			7		
	15 MIN.	OPEN	]	445	OPON
	30 MIN.	Open	7	440	OPON
	JO WINV.		j	770	Oras
			*		L
8. TEST WITNESSED	BY OCD.		YES	V NO	
o. ILDI WIIIVESSED	DI OCD.		, 123	NO	
IF YES NA	AME OF OCI	D REP			
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9. OPERATOR COMM	ENT ON TES	ST:			
10. WELL STATUS:					
ACTIVE		TEMP ABANDON	·	OTHER (SPECIFY)	
11. CHEVRON REPRE	SENTATIVE	BEC	) .a. 1. a.	/ 1	21/21 2 2 10 0
		· <u>D. F.</u> C	NAME	ω	OKEVER REP
				_	
			1100	lay E	Vane
			SIGNATURE		