

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 Dd, Artesia, NM 88210

DISTRICT III

1000 Rio Brazos Rd., Aztec, Nm 87410

API NO. (assigned by OCD on New Wells)	
30-025-04530	
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.	
E-230	
7. Lease Name or Unit Agreement Name	
EUNICE MONUMENT SOUTH UNIT	
8. Well No.	
223	
9. Pool name or Wildcat	
EUNICE MONUMENT/GB/SA	

**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.)

1. Type of Well:	
OIL WELL <input type="checkbox"/>	GAS WELL <input type="checkbox"/> OTHER INJECTOR
2. Name of Operator	
CHEVRON U.S.A. INC.	
3. Address of Operator	
P.O. BOX 1150 MIDLAND, TX 79702 ATTN: WENDI KINGSTON	

4. Well Location	
Unit Letter	P
Section	6
Feet From The	
3300	SOUTH
Line and	660
Range	36E
Township	21S
NMPM	LEA
County	
10. Elevation(Show whether DF, RKB, RT, GR, etc.)	
3592' GL	

11	
Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
<b>NOTICE OF INTENTION TO:</b>	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	
OTHER: CLEAN OUT/STIM <input type="checkbox"/>	
<b>SUBSEQUENT REPORT OF:</b>	
REMEDIAL WORK <input type="checkbox"/>	ALTER CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABAN. <input type="checkbox"/>
CASING TEST AND CMT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>	<input checked="" 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 STARTED 10/11/94: RU SLICKLINE UNIT. TAG FILL AT TD.  
ACDZ W/ 4500 GALS 15% NEFEA/UNISOL.  
TURN WELL OVER TO PROD 10/11/94.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.	
SIGNATURE	WENDI KINGSTON
TITLE	TECH. ASSISTANT
DATE:	11/29/94
TYPE OR PRINT NAME	WENDI KINGSTON
TELEPHONE NO.	(915)687-7826
APPROVED BY	
TITLE	
DATE	
CONDITIONS OF APPROVAL, IF ANY:	

ORIGINAL SIGNATURE OF WENDI KINGSTON  
DISTRICT I SUPERVISOR

DEC 01 1994

**RECEIVED**

NOV 3 0 1994

OOD HUBBS  
OFFICE

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 1880, Hobbs, NM 88240

DISTRICT II

P.O. Drawer Dd, Artesia, NM 88210

DISTRICT III

1000 Rio Brazos Rd., Aztec, Nm 87410

API NO. (assigned by OCD on New Wells)

30-025-04530

5. Indicate Type of Lease

STATE



FEE



6. State Oil & Gas Lease No.

E-230

7. Lease Name or Unit Agreement Name

EUNICE MONUMENT SOUTH UNIT

**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.)

1. Type of Well:

OIL

WELL



GAS

WELL



OTHER

INJECTOR

2. Name of Operator

CHEVRON U.S.A. INC.

8. Well No.

223

3. Address of Operator

P.O. BOX 1150 MIDLAND, TX 79702 ATTN: NITA RICE

9. Pool name or Wildcat

EUNICE MONUMENT/GB/SA

4. Well Location

Unit Letter

P

:

3300

Feet From The

SOUTH

Line and

660

Feet From The

EAST

Line

Section

6

Township

21S

Range

36E

NMPM

LEA

County

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

3592' GL

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:

CLEAN OUT/STIM



**SUBSEQUENT REPORT OF:**

REMEDIAL WORK



ALTER CASING



COMMENCE DRILLING OPNS.



PLUG AND ABAN.



CASING TEST AND CMT JOB



OTHER:



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.

WE PROPOSE TO: RU SLICKLINE UNIT. TAG FILL AT TD. IF FILL IS ABOVE  
TD, THEN CLEAN OUT WITH COILED TBG. ACDZ W/ 4500 GALS 15% NEFEA/UNISOL.  
TURN WELL OVER TO PROD.

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

SIGNATURE

*Wendi Kingston*

TITLE

TECH. ASSISTANT

DATE:

08/31/94

TYPE OR PRINT NAME

WENDI KINGSTON

TELEPHONE NO.

(915)687-7826

ORIGINAL SIGNED BY JERRY SEXTON

APPROVED BY

DISTRICT SUPERVISOR

TITLE

DATE

SEP 02 1994

CONDITIONS OF APPROVAL, IF ANY:

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 Dd, Artesia, NM 88210

DISTRICT III

1000 Rio Brazos Rd., Aztec, Nm 87410

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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.)		API NO. (assigned by OCD on New Wells) <b>30-025-04530</b>	
1. Type of Well: OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER WATER INJECTOR <input type="checkbox"/>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>	
2. Name of Operator <b>CHEVRON U.S.A. INC.</b>		6. State Oil & Gas Lease No. <b>N/A</b>	
3. Address of Operator <b>P.O. BOX 1150 MIDLAND, TX 79702 ATTN: NITA RICE</b>		7. Lease Name or Unit Agreement Name <b>EUNICE MONUMENT SOUTH UNIT</b>	
4. Well Location Unit Letter <b>P</b> : <b>3300</b> Feet From The <b>SOUTH</b> Section <b>6</b> Township <b>21S</b> Range <b>36E</b> Line and <b>660</b> Feet From The <b>EAST</b> Line County <b>LEA</b>		8. Well No. <b>223</b>	
10. Elevation(Show whether DF, RKB, RT, GR, etc.) <b>3592 GR</b>		9. Pool name or Wildcat <b>EUNICE MONUMENT/GB-64</b>	
11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data			
<b>NOTICE OF INTENTION TO:</b> PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> OTHER: <input type="checkbox"/>		<b>SUBSEQUENT REPORT OF:</b> REMEDIAL WORK <input type="checkbox"/> ALTER CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> PLUG AND ABAN. <input type="checkbox"/> CASING TEST AND CMT JOB <input type="checkbox"/> OTHER: <b>REPAIR CASING LEAK &amp; ACIDIZE</b> <input checked="" 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 10-20-92 THRU 10-26-92  
RIH SET RBP @ 3687, SET PKR @ 3676, TST BP TO 1000#. LOCATE 5-1/2" CASING LEAK F/2079-2111. POW W/PKR & BP, RIH W/BIT, TAG FILL @ 3934. CLEAN OUT TO 3967'. ACDZ OPEN HOLE W/3000 GAL 15% NEFE HCL, 1200# MAX PRES. FLUSH W/25 BBLS 10# BW. SWAB DRY. RU & TST TBG TO 3000 PSI, DISPLACE HOLE W/FRESH WATER. PMP 50 BBLS PKR FLUID, RUN CSG INTEGRITY TEST. RETURN WELL TO INJECTION

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: 10/27/92

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

**ORIGINAL SIGNED BY JERRY SEXTON**  
APPROVED BY DISTRICT I SUPERVISOR TITLE  DATE OCT 29 '92

CONDITIONS OF APPROVAL, IF ANY:

ATTENTION:  
BONNIE AT OCD

TUBING SIZE 2 3/8  
PACKER SETTING DEPTH 3695  
PERFS TOP & BOTTOM 3738-3867

CHEVRON U.S.A PRODUCTION CO.

DISPOSAL/INJECTION WELL  
PRESSURE TEST REPORT  
NEW MEXICO

1. LEASE NAME: EMSU  
2. WELL NO. 223 WIC  
3. LOCATION: UNIT P SECTION 16 T 21-S R 36-E  
4. COUNTY: LEA  
5. REASON FOR TEST: ☐ INITIAL TEST PRIOR TO INJECTION  
☒ AFTER WORKOVER  
☐ FIVE YEAR TEST  
☐ OTHER (SPECIFY) \_\_\_\_\_  
6. DATE OF TEST: 10-26-92  
7. TEST PRESSURE:

TIME:	TUBING	CASING	SURFACE CASING
INITIAL	<u>Open</u>	<u>480</u>	<u>Open</u>
15 MIN.	<u>Open</u>	<u>445</u>	<u>Open</u>
30 MIN.	<u>Open</u>	<u>440</u>	<u>Open</u>

8. TEST WITNESSED BY OCD: \_\_\_\_\_ YES ☒ NO

IF YES, NAME OF OCD REP \_\_\_\_\_

9. OPERATOR COMMENT ON TEST: \_\_\_\_\_

10. WELL STATUS:

☒ ACTIVE ☐ TEMP ABANDON ☐ OTHER (SPECIFY) \_\_\_\_\_

11. CHEVRON REPRESENTATIVE: B.F. Cone Workover Rep  
NAME TITLE

Bobby E Cone  
SIGNATURE