



G
GRAPHIC CONTROLS CORPORATION
BUFFALO, NEW YORK
EMSU #223W

10-26-1992
BR 2221

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

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.)		API NO. (assigned by OCD on New Wells) 30-025-04530	
1. Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <u>Injection</u>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>	
2. Name of Operator CHEVRON U.S.A. INC.		6. State Oil & Gas Lease No. N/A	
3. Address of Operator P.O. BOX 1150 MIDLAND, TX 79702 ATTN: NITA RICE		7. Lease Name or Unit Agreement Name EUNICE MONUMENT SOUTH UNIT	
4. Well Location Unit Letter <u>P</u> : <u>3300</u> Feet From The <u>SOUTH</u> Line and <u>660</u> Feet From The <u>EAST</u> Line Section <u>6</u> Township <u>21S</u> Range <u>36E</u> NMPM <u>LEA</u> County		8. Well No. 223	
10. Elevation(Show whether DF, RKB, RT, GR, etc.) 3592 GR		9. Pool name or Wildcat EUNICE MONUMENT/GB	
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"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> OTHER: <u>REPAIR CSG LEAK, & ACDZ</u> <input checked="" type="checkbox"/>		SUBSEQUENT REPORT OF: 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"/>	

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.

IT IS PROPOSED TO :

RIH W/ PKR & RBP ON WS. LOCATE & ISOLATE CASING LEAK
ESTABLISH INJECTION RATE & PRESSURE INTO LEAK, REPAIR CSG LEAK
CLEAN OUT TO RBP, PRESS TST CSG TO 300 PSI. C/O TO TD 3967'.
SET TRTG PKR @ +-3650, TST TBG TO 3500 PSI. LOAD BS & TST TO 300 PSI
ACDZ 3738-3967 W/3000 GAL 15% NEFE HCL. SWB BACK
ACID. SET REDRESSED INJ PKR @ +-3678, TST TBG TO 5000 PSI ABOVE SLIPS.
DISP TBG/CSG ANN W/PKR FLU, TST TBG/CSG ANNULUS TO 300 PSI F/30 MIN.

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: 10/12/92

TYPE OR PRINT NAME NITA RICE

TELEPHONE NO. (915)687-7436

ORIGINAL SIGNED BY RAY SMITH

APPROVED BY FIELD REP II

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

OCT 14 1992