•			E C 16	١
	New Mexico		Form C-10	
Office Energy, Minerals and Natural Pesources		Revised March 25, 1999		
1625 N. French Dr., Hobbs, NM 87240 District II OIL CONSERVATION DIVISION OIL CONSERVATION DIVISION		WELL API NO. 30-025-04531		
		5. Indicate Type of Lease		1
District III 2040 So	2040 South Pacheco		STATE  FEE	
1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe	e, NM 87505			-
2040 South Pacheco, Santa Fe, NM 87505		6. State Oil & Gas	Lease No.	
SUNDRY NOTICES AND REPORTS (	ON WELLS	7 Lease Name or I	Init Agreement Name:	7
LOO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A		7. Lease Name or Unit Agreement Name:		
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FO	ORM C-101) FOR SUCH			1
PROPOSALS.)				
1. Type of Well:	Type of Well:  Oil Well Gas Well Other INDECTION		EUNICE MONUMENT SOUTH UNIT	
		8. Well No.		┪
2. Name of Operator		222		1
Chevron U.S.A. Inc. 3. Address of Operator		9. Pool name or Wildcat		7
P.O. Box 1150, Midland, TX 79702		EUNICE MONUMENT; GRAYBURG-SAN ANDRES		
4. Well Location				Ì
2200 0 45 45	COTTEL 1: and	1980 feet from	n the <b>EAST</b> lin	
Unit Letter O : 3300 feet from the	SOUTH line and	<b>1980</b> feet from		·°
Section 6 Township	215 Range 36E	NMPM	County LEA	1
	whether DR, RKB, RT, GR, e			
11. Check Appropriate Box to 1	Indicate Nature of Notice	, Report, or Other	Data	
NOTICE OF INTENTION TO:	1	SEQUENT REF		
			ALTERING CASING	
PERFORM REMEDIAL WORK PLUG AND ABANDO	THE MEDIAL WORK		ALTERNIA ONOMA	
TEMPORARILY ABANDON	COMMENCE DRIL	LING OPNS.	PLUG AND ABANDONMENT	
PULL OR ALTER CASING  MULTIPLE	CASING TEST AND		ADANDONMENT	
PULL OR ALTER CASING	CEMENT JOB	_		
				<u></u>
OTHER:	OTHER: CONVERT			_ <b>X</b>
<ol> <li>Describe Proposed or Completed Operations (Clearly sof starting any proposed work). SEE RULE 1103. For or recompilation.</li> </ol>	state all pertinent details, and Multiple Completions: Attac	give pertinent dates, ir h wellbore diagram of	scluding estimated date f proposed completion	
POH W/PROD EQPT. DESEPTIN FROM 3948'-4010'.	CIRC CLEAN. SET INJ PKI	R & 3700';		
TST CSG & PKR 425 PSI - OK. RAN MIT. RETUR				
191 COG # 1111 123 102 Ct. 1111 1211 1211				
WORK PERFORMED 12/30/99 - 1/6/00				
				_
I hereby certify that the information above is true and complete to the	ne best of my knowledge and bel	ief.		
OV D. An.				
SIGNATURE J. K. Riplif	TITLE REGULATORY O.	<b>\.</b>	DATE	_
/ /				
Type or print name J. K. RIPLEY		Telepho	one No. (915) 687-714	8

\_\_ TITLE\_

DATE

(This space for State use)

APPROVED BY Conditions of approval, if any:

