ERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 8750[illegible]

Form C-103
Revised 10-1-

5a. Indicate Type of Lease
State [xx] 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 Sou

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

8. Farm or Lease Name Unit

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

9. Well No.
190

cation of Well
UNIT LETTER C . 660 FEET FROM THE North LINE AND 1980 FEET FROM THE West LINE, SECTION 6 TOWNSHIP 21S RANGE 36E NMPM.

10. Field and Pool, or Wildcat
Eunice Monument GB/S

15. Elevation (Show whether DF, RT, GR, etc.)
3547

12. County
Lea

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

NOTICE OF INTENTION TO:

- FORM REMEDIAL WORK [ ]
- TEMPORARILY ABANDON [ ]
- OR ALTER CASING [ ]
- PLUG AND ABANDON [ ]
- CHANGE PLANS [ ]
- OTHER [ ]

SUBSEQUENT REPORT OF:

- REMEDIAL WORK [ ]
- COMMENCE DRILLING OPNS. [ ]
- CASING TEST AND CEMENT JOB [ ]
- ALTERING CASING [ ]
- PLUG AND ABANDONMENT [ ]
- OTHER dpn, rtn to production [xx]

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: 10-4-88 thru 10-7-88 TD: 3957

POOH w/prod. equip. Repair csg leak between surface head and intermediate head. Test weld, ok. Break circulation, cleanout to 3847, drill new formation to 3960'. Circ. wellbore clean. Log w/GR/CDL/CNL/CCL/caliper. RIH w/ production tubing. RIH w/pump and rods. Space out, hang on. Test to 500psi, ok. RDMO. Turn over to production dept.

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

M. E. Abrin TITLE Staff Drilling Engineer DATE Oct. 11, 1988

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

VED BY _____ TITLE _____ DATE _____

ITIONS OF APPROVAL, IF ANY: