

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) 30-025-04540	
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>	
6. State Oil & Gas Lease No. N/A	
7. Lease Name or Unit Agreement Name EUNICE MONUMENT SOUTH UNIT	
8. Well No. 286	
9. Pool name or Wildcat EUNICE MONUMENT	

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	
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 A : 660 Feet From The NORTH Line and 660 Feet From The EAST Line Section 21 SOUTH Range 36E Township LEA County NMPM	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3590'	

NOTICE OF INTENTION TO:

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

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"/>		

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: C/O, ACDZ	<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 05/20/94. MIRU PU. ND WH, NU BOP.
WASH PERFS W/PROD WTR W/PERF CLEAN TOOL. SWAB.
GIH W/PROD TBG. ND BOP, NU WH. RD PU, TURN WELL OVER TO PRODUCTION 05/24/94.

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: **05/31/94**
NAME OR PRINT NAME **WENDI KINGSTON** TELEPHONE NO. **(915)687-7436**

PROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: _____

RECEIVED
JUN 14 1964
U.S. CUSTOMS
OFFICE