

OIL CONSERVATION DIVISION  
P. O. BOX 2038  
SANTA FE, NEW MEXICO 87501

Form C-103  
Revised 10-1-

|                        |  |
|------------------------|--|
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| SANTA FE               |  |
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| OPERATOR               |  |

5a. Indicate Type of Lease  
State ☐ Fee ☒  
5. State Oil & Gas Lease No.

SUNDARY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPCEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)

|                                                                                                                                  |                                   |                                |                                                        |
|----------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|--------------------------------|--------------------------------------------------------|
| OIL WELL <input type="checkbox"/>                                                                                                | CAS WELL <input type="checkbox"/> | OTHER <input type="checkbox"/> | 7. Unit Agreement Name                                 |
| Name of Operator<br>Chevron U.S.A. Inc.                                                                                          |                                   |                                | 8. Farm or Lease Name<br>Eunice Monument South Unit    |
| Address of Operator<br>P. O. Box 670, Hobbs, NM 88240                                                                            |                                   |                                | 9. Well No.<br>286                                     |
| Location of Well<br>UNIT LETTER A 660 FEET FROM THE North LINE AND 660 FEET FROM THE East LINE, SECTION 7 TOWNSHIP 21S RANGE 36E |                                   |                                | 10. Field and Pool, or Wildcat<br>Eunice Monument G/SA |
| 15. Elevation (Show whether DF, RT, CR, etc.)                                                                                    |                                   |                                | 12. County<br>Lea                                      |

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data  
NOTICE OF INTENTION TO:

|                                                 |                                                                     |
|-------------------------------------------------|---------------------------------------------------------------------|
| REPAIR REMEDIAL WORK <input type="checkbox"/>   | PLUG AND ABANDON <input type="checkbox"/>                           |
| TEMPORARILY ABANDON <input type="checkbox"/>    | CHANGE PLANS <input type="checkbox"/>                               |
| REPAIR OR ALTER CASING <input type="checkbox"/> | OTHER: Deepen, log, perf, treat <input checked="" type="checkbox"/> |

SUBSEQUENT REPORT OF:

|                                                      |                                               |
|------------------------------------------------------|-----------------------------------------------|
| REMEDIAL WORK <input type="checkbox"/>               | ALTERING CASING <input type="checkbox"/>      |
| COMMENCE DRILLING OPNS. <input type="checkbox"/>     | PLUG AND ABANDONMENT <input type="checkbox"/> |
| CASING TEST AND CEMENT JOBS <input type="checkbox"/> | OTHER <input type="checkbox"/>                |

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.

TD 3880'

It is proposed to deepen well 110', log, perf and treat as necessary. Well will be returned to production.

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

\_\_\_\_\_  
Staff Drilling Engineer  
DATE 11-6-87

Orig. Signed by:  
Paul Kautz  
Geologist

COPIES BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE NOV 12 1987

CONDITIONS OF APPROVAL, IF ANY: