

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 1880, 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) 30-025-04554														
1. Type of Well: OIL <input type="checkbox"/> GAS <input type="checkbox"/> WELL <input type="checkbox"/> OTHER <input type="checkbox"/> INJECTOR		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 J : 1980 Feet From The SOUTH Line and 1980 Feet From The EAST Line Section 8 Township 21 SOUTH Range 36E NMPM LEA County		8. Well No. 324														
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3605' GL		9. Pool name or Wildcat EUNICE MONUMENT/GB/SA														
11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data																
<table border="0"><tr><td>NOTICE OF INTENTION TO:</td><td>SUBSEQUENT REPORT OF:</td></tr><tr><td>PERFORM REMEDIAL WORK <input type="checkbox"/></td><td>REMEDIAL WORK <input type="checkbox"/></td></tr><tr><td>TEMPORARILY ABANDON <input type="checkbox"/></td><td>COMMENCE DRILLING OPNS. <input type="checkbox"/></td></tr><tr><td>PULL OR ALTER CASING <input type="checkbox"/></td><td>CASING TEST AND CMT JOB <input type="checkbox"/></td></tr><tr><td>OTHER: <input type="checkbox"/></td><td>OTHER: ACDZ <input checked="" type="checkbox"/></td></tr><tr><td>PLUG AND ABANDON <input type="checkbox"/></td><td>ALTER CASING <input type="checkbox"/></td></tr><tr><td>CHANGE PLANS <input type="checkbox"/></td><td>PLUG AND ABAN. <input type="checkbox"/></td></tr></table>			NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:	PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CMT JOB <input type="checkbox"/>	OTHER: <input type="checkbox"/>	OTHER: ACDZ <input checked="" type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	ALTER CASING <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	PLUG AND ABAN. <input type="checkbox"/>
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12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including anticipated date of starting any proposed work) SEE RULE 1103.																

WORK STARTED 05/03/94.

ACDZ WELL W/3600 GALS 15% HCL & UNISOL SOLUTION. FLUSH.

RD. TURN WELL OVER TO PRODUCTION.

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

SIGNATURE Wendi Kingston TITLE **TECH. ASSISTANT**

DATE: **05/12/94**

TYPE OR PRINT NAME **WENDI KINGSTON**

TELEPHONE NO. **(915)687-7436**

APPROVED BY _____ TITLE _____

Orig. Signed by
Paul Kaurz
Geologist

DATE **MAY 17 1994**

CONDITIONS OF APPROVAL, IF ANY: _____

Job separation sheet

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7. Lease Name or Unit Agreement Name EUNICE MONUMENT SOUTH UNIT
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PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CMT JOB <input type="checkbox"/>
OTHER: C/O W/COILD TBG, ACDZ <input checked="" 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.

WE PROPOSE TO:
RU SLICKLINE UNIT. TAG TD. MIRU COILED TBG UNIT. NU INJ HEAD. RIH W/TBG
C/O FILL TO TD. SI AT LEAST 12 HRS. ACDZ WELL W/900 GALS 15% NEFEA. FLUSH.
RD. TURN WELL OVER TO PRODUCTION.

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: 04/05/94
TYPE OR PRINT NAME WENDI KINGSTON TELEPHONE NO. (915)687-7436

APPROVED BY _____ TITLE Orig. Signed by Paul Kautz Geologist DATE APR 07 1994
CONDITIONS OF APPROVAL, IF ANY: _____