Submit 3 Copies to Appropriate

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revisied 1-1-89

District Office	OIL CONSE	RVATION DIVISION		
5.5 —		D. Box 2088		
DISTRICT I		New Mexico 87504-2088		
P.O. Box 1980, Hobbs, NM 88 DISTRICT II	240			
P.O. Drawer Dd, Artesia, NM 88210				gned by OCD on New Wells)
DISTRICT III				04554
1000 Rio Brazos Rd., Aztec, Nr	n 87410		5. Indicate 1	STATE X FFF
-			6. State Oil	& Gas Lease No.
	SUMPRY NOTICES AND DE	DODTO ON WELL	N/A	
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"				me or Unit Agreement Name
(FORM C-101) FOR SUCH PROPOSALS.)				MONUMENT SOUTH UNIT
1. Type of Well:				
OIL	GAS			
WELL	WELL OTHER IN.	ECTOR		
2. Name of Operator			8. Well No.	
CHEVRON U.S.A. INC. 3. Address of Operator				324
-	AND, TX 79702 ATTN: NIT	A DICE	9. Pool name	
4. Well Location	AND, 12 79702 ATTN: NI	A RICE	IEUNICE V	MONUMENT/GB/SA
Unit Letter	J : 1980 Feet From	The SOUTH Line and	198	O Feet From The EAST Line
Section 8	Township	21 SOUTH Range	36E	O Feet From The EAST Line NMPM LEA County
	10. Elev	ation(Show whether DF, RKB, RT, GR, et	ć.)	County
11		3605' GL		
	Check Appropriate Box to Indec INTENTION TO:	ate Nature of Notice, Report, or Of	her Data	
PERFORM REMEDIAL WORK	PLUG AND ABANDON	SUBSEQUENT	REPORT OF	- _
TEMPORARILY ABANDON	CHANGE PLANS	REMEDIAL WORK	-	ALTER CASING
PULL OR ALTER CASING	- Charge Plans	COMMENCE DRILLING OPNS.	4	PLUG AND ABAN.
OTHER:		CASING TEST AND CMT JOB		
		OTHER: ACDZ		X
12. Describe Proposed or Com	eted Operations(Clearly state all pertinent			
esticated data of starting any	proposed work) SEE RULE 1103.	details, and give pertinent dates, including		
WORK STA	RTED 05/03/94.			
ACDZ WELL	. W/3600 GALS 15% HCL 8	LINISOL SOLUTION FLUC		
RD. TURN V	VELL OVER TO PRODUCTION	4 0141002 302011014. FE03	7.	
	122 0 121 10 1110000 1101	4.		
- A				
I hereby certify that the tolognation	on beat of the best of	f my knowledge and belief.		
SIGNITURE	W X TON TITLE	TECH. ASSISTANT	DATE:	05/12/94
TYPE OR PRINT NAME	WENDI KINGSTON			
	WEIGHT WINGSTUN		TELEPHONE NO	(915)687-7436
		Orig. Signed by Paul Kantz		NAA A TO ANTA
APPROVED BY	TITLE	Kautz	DATE	MAY 17 1394
CONDITIONS OF APPROVAL, IF	WY:	Color Of the Color		

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State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revisied 1-1-89

District Office	OIL CONSERVATION DIVISION				
	P.O. Box 2088				
DISTRICT I	Santa Fe, New Mexico 87504-208	8			
P.O. Box 1980, Ho	obbe, NM 88240				
DISTRICT II		API NO. (assigned by OCD on New Wells) 30-025-04554			
P.O. Drawer Dd, Ar DISTRICT III	viesia, NM 88210	5. Indicate Type of Lease			
	ld., Aztec, Nm 87410	STATE X FEE			
		6. State Oil & Gas Lease No.			
	SUNDRY NOTICES AND REPORTS ON WELLS	N/A			
(00	O NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG E	3A CK 7 Lease Name of Unit Agreement Name			
	DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"	EUNICE MONUMENT SOUTH UNIT			
	(FORM C-101) FOR SUCH PROPOSALS.)				
1. Type of Well:					
WELL	GAS WELL OTHER INJECTOR				
2. Name of Opera		8. Well No.			
1	HEVRON U.S.A. INC.	324 24/18 -			
3. Address of Ope	erator	9. Pool name or Wildcat			
P.O. BOX 11	150 MIDLAND, TX 79702 ATTN: NITA RICE	EUNICE MONUMENT/GB/SA			
4. Well Location	J : 1980 Feet From The SOUTH Line	and 1980 Feet From The EAST Line			
Unit Letter Section	J : 1980 Feet From The SOUTH Line 8 Township 21 SOUTH Rang				
	10. Elevation(Show whether DF, RKB, RT, GR				
	3605' GL				
11	Check Appropriate Box to Indecate Nature of Notice, Report, or	Other Data			
NC	OTICE OF INTENTION TO: SUBSEQUE	NT REPORT OF:			
PERFORM REMEDI	pand pand	ALTER CASING			
TEMPORARILY AB	SANDON CHANGE PLANS COMMENCE DRILLING OPNS.	PLUG AND ABAN.			
PULL OR ALTER C.					
OTHER: C/	O W/COILD TBG, ACDZ X OTHER:				
	posed or Completed Operations(Clearly state all pertinent details, and give pertinent dates, inclu of starting any proposed work) SEE RULE 1103.	ding			
W	E 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.					
	. 1				
I hereby certify the	at the information above is true and complete to be best of my knowledge and belief.				
SIGNITURE	TECH. ASSISTANT	DATE: 04/05/94			
	INTERIOR KINICOTONI	/04E1003 3400			
TYPE OR PRINT N		тегерноме но. (915)687-7436			
	Orig. Signed by	APR 0 7 1994			
APPROVED BY	TITLE Paul Kautz	DATE APR V 1 1337			
CONDITIONS OF	APPROVAL, IF ANY:				