

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO.
30-025-04554
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. N/A
7. Lease Name or Unit Agreement Name Eunice Monument South Unit
8. Well No. 324
9. Pool name or Wildcat Eunice Monument G/SA

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.	8. Well No. 324
3. Address of Operator P. O. Box 1150, Midland, Texas 79702	9. Pool name or Wildcat Eunice Monument G/SA	
4. Well Location Unit Letter <u>J</u> : <u>1980</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>East</u> Line Section <u>8</u> Township <u>21S</u> Range <u>36E</u> NMPM Lea County		
10. Elevation (Show whether DF, RKB, RT, GR, etc.)		

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input checked="" type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input 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.

07/02/91: Perform polymer squeeze on Eunice Monument Zones 1 & 2 as follows:
-Pretreat with 5 BBLS. fresh water, 300 Gals. 15% HCL, 20 BBLS. Biocide, 20 BBLS. X-Link Pad, Flush with 16 BBLS. fresh water.
-Squeeze with 15 BBLS. fresh water, 175 BBLS. 2#/BBL X-L Polymer, 20 BBLS. 2.5#/BBL X-L Polymer, start flush with 17 BBLS. 3#/BBL non X-L Polymer, finish flush with 13 BBLS. fresh water. ISIBHP-2345 PSI
-Subsequent stabilization rate 08/08/91: 187 BWPD at 633 PSIG

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

SIGNATURE M. D. Hagner TITLE Technical Assistant DATE 08/16/91
(915)
TYPE OR PRINT NAME M. D. Hagner TELEPHONE NO 687-7148

(This space for State Use)

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