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 CONS	ERVATION [	DIVISION				
		P.O. Box 2088					
DISTRICT I	Santa f	Fe, New Mexic	n 87504-2	088			
P.O. Box 1980, Hobbs, NM 88240		o,	0 0700 + 2	.000			
DISTRICT II					API NO. (assigned	by OCD on New Wells	·
P.O. Drawer Dd, Artesia, NM 88210					30-025-04		•
DISTRICT III					5. Indicate Type	of Lease	
1000 Rio Brazos Rd., Aztec, Nm 874	10					STATE X	FEE
					6. State Oil & G	See Leave No.	
					E-230		
	SUNDRY NOTICES AND RE	EPORTS ON WE	LLS				
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A					7 Lassa Nama a		
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"					7. Lesse Name or Unit Agreement Name EUNICE MONUMENT SOUTH UNIT		
(FORM C-101) FOR SUCH PROPOSALS.)							
1. Type of Well:					1		
WELL	GAS	INTEGEOR					
	WELL OTHER	INJECTOR					
2. Name of Operator CHEVRON U.S.A. INC.					8, Weil No.		
3. Address of Operator	s.A. INC.					283	
P.O. BOX 1150 MIDLAND, TX 79702 ATTN: WENDI KINGSTON					9. Pool name or Wildcat EUNICE MONUMENT/GB/SA		
4. Well Location					JEUNICE MO	NOMENT/GB/S/	Α
Unit Letter	B : 660 Feet	From The	NORTH	Line and	1980	Feet From The	EAST Line
Section 8	Tow	mehip 21S		Range	36E	NMPM LE	
	10.	Elevation(Show whether		R, etc.)			
			3584'				
11	Check Appropriate Box to Inde	cate Nature of Notic					
NOTICE OF IN	_	,	SUBSEQ	UENT RE	PORT OF:		
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL V	NORK			ALTER CASING	
TEMPORARILY ABANDON	CHANGE PLANS	COMMENC	E DRILLING OPNS.		]	PLUG AND ABAN.	
PULL OR ALTER CASING	_]	CASING TE	ST AND CMT JOB	· [			
OTHER: CLEAN OUT/STIM OTHER:			-		X		
		<u> </u>					<del></del>
12. Describe Proposed or Completed	Operations(Clearly state all pertinent det	sils, and give pertinent o	lates, including				
esticated date of starting any prop	osed Work) SEE HULE 1103.						
WORK CT	ARTED 11/16/94: RU SLIC		O FILL 17-				
MOUV 214	10/34: KU SLIC	ALINE UNII. LA	as FILL ALT	11)			

ACDZ W/ 4500 GALS 15% NEFEA/UNISOL. TURN WELL OVER TO PROD 11/16/94.

I hereby certify that the information above is the end completely the beat of my knowledge and belief.  SIGNITURE  TECH. ASSISTAN	IT DATE: 11/29/94
TYPE OR PRINT NAME WENDI KINGSTON	TELEPHONE NO. (915)687-7826
APPROVED BY TITLE CONDITIONS OF APPROVAL, IF ANY:	DATE DEC 01 1994