

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 1-1-88

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

API NO. (assigned by OCD on New Wells)  
30-025-04569

5. Indicate Type of Lease  
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.  
E-230

7. Lease Name or Unit Agreement Name  
EUNICE MONUMENT SOUTH UNIT

8. Well No.

283

9. Pool name or Wildcat  
EUNICE MONUMENT/GB/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 ☐ GAS WELL ☐ OTHER INJECTOR

2. Name of Operator

CHEVRON U.S.A. INC.

3. Address of Operator

P.O. BOX 1150 MIDLAND, TX 79702 ATTN: NITA RICE

4. Well Location

Unit Letter B : 660 Feet From The NORTH Line and 1980 Feet From The EAST Line  
Section 8 Township 21S Range 36E NMPM LEA County

10. Elevation(Show whether DF, RKB, RT, GR, etc.)

3584'

11 Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

**NOTICE OF INTENTION TO:**

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐  
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐  
PULL OR ALTER CASING ☐  
OTHER: CLEAN OUT/STIM ☒

**SUBSEQUENT REPORT OF:**

REMEDIAL WORK ☐ ALTER CASING ☐  
COMMENCE DRILLING OPNS. ☐ PLUG AND ABAN. ☐  
CASING TEST AND CMT JOB ☐  
OTHER: ☐

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 FILL AT TD. IF FILL IS ABOVE  
TD, THEN CLEAN OUT WITH COILED TBG. ACDZ W/ 4500 GALS 15% NEFEA/UNISOL.  
TURN WELL OVER TO PROD.

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: 08/31/94

TYPE OR PRINT NAME WENDI KINGSTON

TELEPHONE NO. (915)687-7826

APPROVED BY

ORIGINAL SIGNED BY JERRY DENTON  
DISTRICT I SUPERVISOR

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

SEP 02 1994