Submit 3 Copies to Appropriate District Office.

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

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

WELL API NO.
30-025-04569

5. Indicate Type of Lease STATE [XX] FEE [ ]

6. State Oil & Gas Lease No.

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.)

7. Lease Name or Unit Agreement Name
Eunice Monument South Unit

1. Type of Well:
OIL WELL [ ] GAS WELL [ ] OTHER Injector

2. Name of Operator
Chevron U.S.A. Inc.

8. Well No.
283

3. Address of Operator
P.O. Box 670, Hobbs, NM 88240

9. Pool name or Wildcat
Eunice Monument G/SA

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.)
3579' GL

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK [ ]	PLUG AND ABANDON [ ]	REMEDIAL WORK [ ]	ALTERING CASING [ ]
TEMPORARILY ABANDON [ ]	CHANGE PLANS [ ]	COMMENCE DRILLING OPNS. [ ]	PLUG AND ABANDONMENT [ ]
PULL OR ALTER CASING [ ]		CASING TEST AND CEMENT JOB [ ]	
OTHER: [ ]		OTHER: Deepen 58' exposing Grayburg Zone 5 ~~Return well to injector~~ [X]	

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.

MIRU PU, TOH W/ 2 3/8" IPC TBG & PKR
TIH W/6 1/8" BIT
RU REVERSE UNIT CO 42' FILL
DRILL HOLE F 4062 TO 4120' (NEW TD)
CIRC CLEAN SPOT 520 GAL 20% NEFE HCL 4120-3750
TIH W/ 2 3/8" IPC TBG TSTG TO 3000 PSI A.S. TO 3620'
DISPLACE WELLBORE W/ PKR FLUID
SET PKR @ 3620
TEST ANNULUS TO 600 PSI/30 MIN OK
RETURN WELL TO INJECTION.

WORK STARTED 5-15-90 WORK ENDED 5-17-90

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

SIGNATURE T M Bealessio TITLE Drlg. Engr. DATE 6-15-90

TYPE OR PRINT NAME T. M. Bealessio TELEPHONE NO. 393-4121

(This space for State Use)

APPROVED BY ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR TITLE DATE JUN 19 1990

CONDITIONS OF APPROVAL, IF ANY: