

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

OIL CONSERVATION DIVISION

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

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)

30-025-04571

5. Indicate Type of Lease

FEED STATE ☐ FEED ☒

8. State Oil & Gas Lease No.

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"
(FORM C-101) FOR SUCH PROPOSALS.)

7. Lease Name or Unit Agreement Name

EUNICE MONUMENT SOUTH UNIT

1. Type of Well:

OIL ☐ GAS ☐
WELL ☐ WELL ☐ OTHER ☐ INJECTOR

2. Name of Operator

CHEVRON U.S.A. INC.

8. Well No.

299

3. Address of Operator

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

9. Pool name or Wildcat

EUNICE MONUMENT/GB/SA

4. Well Location

Unit Letter F : 1980 Feet From The NORTH Line and 1980 Feet From The WEST Line
Section 9 Township 21 SOUTH Range 36E NMPM LEA County

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

3548' GL

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: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTER CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABAN. ☐
CASING TEST AND CMT JOB ☐
OTHER: C/O W/COILED TBG, ACDZ ☒

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.

WORK STARTED 05/05/94.

MIRU COILED TBG UNIT. NU INJ HEAD. RIH W/TBG

ACDZ WELL W/3000 GALS 15% HCL NEFE AND UNISOL. FLUSH.

RD. TURN WELL OVER TO PRODUCTION.

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: 04/05/94

TYPE OR PRINT NAME WENDI KINGSTON

TELEPHONE NO. (915)687-7436

FOR RECORD ONLY

APPROVED BY

DATE

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

MAY 19 1994

GOV HOUSE
OFFICE