

OIL CONSERVATION DIVISION

P. O. BOX 2038

SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-7

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DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

3a. Indicate Type of Lease	
State ☐	Fee ☐
3. State Oil & Gas Lease No.	
Federal	

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.)

OIL WELL ☐	GAS WELL ☐	OTHER: Injector	7. Unit Agreement Name Eunice Monument South Unit
Name of Operator Chevron U.S.A. Inc.			8. Farm or Lease Name
Address of Operator P.O. Box 670 Hobbs, NM 88240			9. Well No. 340
Location of Well UNIT LETTER N 660 FEET FROM THE South LINE AND 1980 FEET FROM THE West LINE, SECTION 9 TOWNSHIP 21S RANGE R36E			10. Field and Pool, or Wildcat Eunice Monument
11. Elevation (Show whether DF, RT, CR, etc.) 3596' GE			12. County Lea

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

NOTICE OF INTENTION TO:

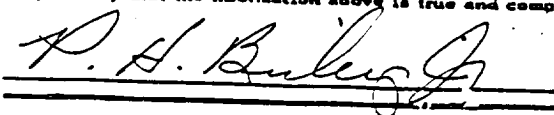
SUBSEQUENT REPORT OF:

OWN REMEDIAL WORK ☐	PLUG AND ABANDON ☐	REMEDIAL WORK ☐	ALTERING CASING ☐
GRABBY ABANDON ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPER. ☐	PLUG AND ABANDONMENT ☐
OR ALTER CASING ☐		CASING TEST AND CEMENT JOB ☐	
OTHER ☒ Convert to Injector		OTHER ☐	

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.

Deepen well from 3858' to 3940', Log well. Acidize as necessary. Equip well for injection: Test casing, packer, and tubing to 500 psi for 30 minutes. Return well to production as an injector.

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



TITLE Division Drilling Manager DATE 6-11-1986

BY _____ TITLE _____ DATE _____
COPIES OF APPROVAL, IF ANY:

RECEIVED
JUN 23 1986
O.C.D.
HOBBS OFFICE