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

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-7

5a. Indicate Type of Lease: State ☐ Fee ☐

5. 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, NMPM.

10. Field and Pool, or Wildcat: Eunice Monument

15. Elevation (Show whether DF, RT, GR, 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:	
PERM REMEDIAL WORK ☐	PLUG AND ABANDON ☐	REMEDIAL WORK ☐	ALTERING CASING ☐
TEMPORARILY ABANDON ☐		COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☐
OR ALTER CASING ☐	CHANGE PLANS ☐	CASING TEST AND CEMENT JOB ☐	
OTHER Convert to Injector [X]		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.

P. A. Burleson Jr. TITLE Division Drilling Manager DATE 6-11-1986

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: