

CONSERVATION DIVISION
P. O. BOX 2033
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-7

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

3a. Indicate Type of Lease
State ☒ Fee ☐
3. 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 TO DRILL" (FORM C-101) FOR SUCH PROPOSALS.)

OIL WELL ☐ GAS WELL ☐ OTHER ☒ Injector

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

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

Location of Well
UNIT LETTER D 660 FEET FROM THE North LINE AND 660 FEET FROM
THE West LINE, SECTION 9 TOWNSHIP 21S RANGE 36E NMPM.

7. Unit Agreement Name
Eunice Monument South Unit

8. Form or Lease Name

9. Well No.
281

10. Field and Pool, or Wildcat
Eunice Monument

11. Elevation (Show whether DF, RT, GR, etc.)
3571' GL

12. County
Lea

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO:

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

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.

Clean out well to TD @ 3880'. Run logs from 3000' to TD. Evaluate logs to determine if any additional Grayburg perforations are needed. Perforate, if necessary, from logs. 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. H. Bullock

TITLE Division Drilling Manager DATE 6-25-1986

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT 1 SUPERVISOR

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: