

STATE OF NEW MEXICO
OIL AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

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

5a. Indicate Type of Lease	
State <input type="checkbox"/>	Fee <input checked="" type="checkbox"/>
5. 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.)

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 J 2310 South 2310
UNIT LETTER FEET FROM THE LINE AND FEET FROM
East 9 21S 36E
THE LINE, SECTION TOWNSHIP RANGE NMPM.

7. Unit Agreement Name
Eunice Monument outh Unit

8. Farm or Lease Name

9. Well No.
320

10. Field and Pool, or Whdeat
Eunice Monument G/SA

15. Elevation (Show whether DF, RT, GR, etc.)
3587' GL

12. County
Lea

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

FORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
PORARILY ABANDON ☐
OR ALTER CASING ☐ CHANGE PLANS ☐
OTHER Deepen and convert to injector ☒

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
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.

Cleqn out to 3900'. Deepen from 3900' - 3940'. Add perforations from 3836' - 3862'. Acidize perforations and open hole as necessary. Equip for injection. Test casing, packer, and tubing to 500 psi for 30 minutes. eturn to production as an injector.

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

Signed by P. H. Bailey Jr. TITLE Division Drilling Manager DATE 8-27-1986

Signed by Tom Kautz TITLE _____ DATE _____

ITIONS OF APPROVAL, IF ANY: