

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department  
**OIL CONSERVATION DIVISION**

Form C-103  
Revised 1-1-89

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) <b>30-025-04579</b> ✓
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No. N/A
7. Lease Name or Unit Agreement Name EUNICE MONUMENT SOUTH UNIT
8. Well No. 300
9. Pool name or Wildcat EUNICE MONUMENT/GB-SA

**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.)

1. Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER
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2. Name of Operator CHEVRON U.S.A. INC.
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3. Address of Operator P.O. BOX 1150 MIDLAND, TX 79702 ATTN: NITA RICE
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4. Well Location Unit Letter <u>G</u> : <u>2310</u> Feet From The <u>NORTH</u> Section <u>9</u> Township <u>21S</u> Range <u>36E</u> Line and <u>2310</u> Feet From The <u>EAST</u> Line NMPM LEA County
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10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3570' GR
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11 Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

**NOTICE OF INTENTION TO:**

PERFORM REMEDIAL WORK <input checked="" type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	
OTHER: <input type="checkbox"/>	

**SUBSEQUENT REPORT OF:**

REMEDIAL WORK <input type="checkbox"/>	ALTER CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABAN. <input type="checkbox"/>
CASING TEST AND CMT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>	

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.

WE PROPOSE TO:

ND WH, NU BOP. TAG F/FILL. C/O TO 3905' IF NECESSARY. ACDZ OH 3707-3905'  
W/4000 GAL 15% NEFE HCL. SWAB BACK LOAD. RETURN TO PRODUCTION

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

SIGNATURE Nita Rice TITLE TECHNICAL ASSISTANT DATE: 1/6/94

TYPE OR PRINT NAME NITA RICE TELEPHONE NO. (915)687-7436

**ORIGINAL SIGNED BY JERRY SEXTON**  
**DISTRICT SUPERVISOR**

APPROVED BY \_\_\_\_\_ DATE JAN 11 1994  
CONDITIONS OF APPROVAL, IF ANY: \_\_\_\_\_