

CONSERVATION DIVISION
P. O. BOX 2038
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-73

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

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

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

Address of Operator
P.O. Box 570 Hobbs, NM 88240

Location of Well

UNIT LETTER G 2310 FEET FROM THE North 2310 FEET FROM
East 9 21S 36E
THE LINE, SECTION TOWNSHIP RANGE N.M.P.M.

7. Unit Agreement Name
Eunice Monument South Unit

8. Farm or Lease Name

9. Well No.
300

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

15. Elevation (Show whether DF, RT, GR, etc.)
3570' GL

12. County
Lea

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

FORM REMEDIAL WORK ☐
PERMANENTLY ABANDON ☐
OR ALTER CASING ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐

OTHER ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐
COMMENCE DRILLING OPS. ☐
CASING TEST AND CEMENT JOB ☐

ALTERING CASING ☐
PLUG AND ABANDONMENT ☐

OTHER Deepened, Added Perforations, Acidized ☒

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.

Cleaned out to 3800. Deepened from 3800' to 3905'. Ran GR/CCL/CNL/Caliper logs. Perforated 3707 - 3726 (8 holes). Acidized perforations 3707 - 3726 with 1000 gallons 15% NEFE HCL. Acidized open hole with 4000 gallons 15% NEFE HCL. Equipped to pump. Returned to production. Work performed 10/25/86 - 10/29/86.

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

Jerry Sexton

TITLE Drilling Superintendent

DATE 10-30-1986

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT 1 SUPERVISOR

COPIES BY

TITLE

DATE NOV 3 1986

CONDITIONS OF APPROVAL, IF ANY: