

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department
OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Form C-103
Revised 1-1-89

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)
30-025-04581
5. Indicate Type of Lease STATE <input checked="" 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. 279 WIC
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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER INJECTOR
2. Name of Operator CHEVRON U.S.A. INC.
3. Address of Operator P.O. BOX 1150 MIDLAND, TX 79702 ATTN: NITA RICE
4. Well Location Unit Letter <u>B</u> : <u>330</u> Feet From The <u>NORTH</u> Line and <u>2310</u> Feet From The <u>EAST</u> Line Section <u>9</u> Township <u>21 SOUTH</u> Range <u>36E</u> NMPM <u>LEA</u> County
10. Elevation(Show whether DF, RKB, RT, GR, etc.) 3590' GL

11 Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CMT JOB <input type="checkbox"/>
OTHER: C/O W/COILD TBG, ACDZ <input checked="" 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:
RU SLICKLINE UNIT. TAG TD. MIRU COILED TBG UNIT. NU INJ HEAD. RIH W/TBG
C/O FILL TO TD. SI AT LEAST 12 HRS. ACDZ WELL W/1000 GALS 15% NEFEA. FLUSH.
RD. TURN WELL OVER TO PRODUCTION.

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

SIGNATURE <u>Wendi Kingston</u>	TITLE <u>TECH. ASSISTANT</u>	DATE: <u>04/05/94</u>
TYPE OR PRINT NAME <u>WENDI KINGSTON</u>		TELEPHONE NO. <u>(915)687-7436</u>

APPROVED BY <u>Paul Ragatz</u>	TITLE <u>Geologist</u>	DATE <u>APR 07 1994</u>
CONDITIONS OF APPROVAL, IF ANY:		