Form C-103 State of New Mexico Submit 3 Copies To Appropriate District Energy, Mirrerals and Natural Resources Office Revised March 25, 1999 District I WELL API NO. 1625 N. French Dr., Hobbs, NM 87240 30-025-04587 District II OIL CONSERVATION DIVISION 811 South First, Artesia, NM 87210 5. Indicate Type of Lease 2040 South Pacheco District III FEE 😠 STATE | 1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, NM 87505 District IV 6. State Oil & Gas Lease No. 2040 South Pacheco, Santa Fe, NM 87505 SUNDRY NOTICES AND REPORTS ON WELLS 7. Lease Name or Unit Agreement Name: (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.) 1. Type of Well: EUNICE MONUMENT SOUTH UNIT Oil Well Gas Well G Other INVECTOR 8. Well No. 2. Name of Operator 301 Chevron U.S.A. Inc. 9. Pool name or Wildcat 3. Address of Operator EUNICE MONUMENT; GRAYBURG-SAN ANDRES P.O. Box 1150 Midland, TX 79702 4. Well Location 1980 NORTH line and 660 EAST feet from the feet from the line **NMPM** County Section 9 Township 21S Range 36€ LEA 10. Elevation (Show whether DR, RKB, RT, GR, etc.) 35844... ---11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK **ALTERING CASING** COMMENCE DRILLING OPNS. **PLUG AND TEMPORARILY ABANDON CHANGE PLANS ABANDONMENT** CASING TEST AND **PULL OR ALTER CASING MULTIPLE** COMPLETION **CEMENT JOB** OTHER: ADDED PERFS, ACZD OTHER: 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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation. PCH W/TBG & PKR. REAMED THRU CSG 3640'-3852'. CIRC CLEAN. PERFD 3734'-3830' W/3 JHPF. DUMPED 750# SD; TAGGED @ 3801'. CO TO 3842'. LOCATED CSG LEAK. REPLACED SURF HEAD & CSG. SQZD 652'-62' W/150 SX CMT; CIRC TO SURF. DO CMT TO 665'; WASHED TO 700'. TAGGED SD @ 3635'. ACZD W/3500 GALS 15% HCL. RIH W/TBG & INJ PKR TO 3642'. RETURNED WELL TO INJECTION. WORK PERFORMED 10/13/00 - 11/1/00 I hereby certify that the information above is true and complete to the best of my knowledge and belief.

 $_{-}$  TITLE

Telephone No. (915) 687-7148

\_ DATE

**SIGNATURE** 

Type or print name
(This space for Same

APPROVED BY

Conditions of approval, if any:

