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L CONSERVATION DIVISIC
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

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 OCEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR.
USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)

OIL WELL ☐ GAS WELL ☐ OTHER- <u>INJECTOR</u>		7. Unit Agreement Name <u>Eunice Monument</u> <u>South Unit</u>
Name of Operator <u>Chevron U.S.A. Inc.</u>		8. Farm or Lease Name
Address of Operator <u>P.O. Box 670, Hobbs, New Mexico 88240</u>		9. Well No. <u>301</u>
Location of Well UNIT LETTER <u>H</u> <u>1980</u> FEET FROM THE <u>NORTH</u> LINE AND <u>660</u> FEET FROM THE <u>EAST</u> LINE, SECTION <u>9</u> TOWNSHIP <u>21S</u> RANGE <u>36E</u> NMPM.		10. Field and Pool, or Wildcat <u>Eunice Monument G-SA</u>
11. Elevation (Show whether DF, RT, GR, etc.) <u>3584' GL</u>		12. County <u>Lea</u>

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

FORM REMEDIAL WORK ☐	PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐
ILL OR ALTER CASING ☐	OTHER ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐	ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐	OTHER <u>Convert to Injector</u> ☒

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.

Clean out well to TD of 3904'. Perforated from 3708-3892 (40 holes).
Acidized w/ 3900 GAL 15% NEFE HCl ACID. GIH w/ HOWCO TRUMP
PKR on 23/8" IPC INJ. TRG. SET PKR @ 3644'. Load Csg/TRG.
Annulus w/ INHIBITED PKR FLUID. TEST TO 600 psi. for 30 min.
Held OK. WELL IS CI PENDING COMPLETION OF INJECTION SYSTEM.

11-18-86

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

by MW Casey TITLE Division Proration Engineer DATE 7/31/86

ORIGINAL SIGNED BY JERRY SEXTON

COPIED BY DISTRICT 1 SUPERVISOR TITLE _____ DATE 4/10/85 1985

ADDITIONS OF APPROVAL, IF ANY: