

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

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO.

30-025-04588

5. Indicate Type of Lease

STATE ☐

FEE ☒

6. 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.)

1. Type of Well:

OIL
WELL ☒

GAS
WELL ☐

OTHER

2. Name of Operator

Chevron U.S.A. Inc.

3. Address of Operator

P.O. Box 670, Hobbs, NM 88240

4. Well Location

Unit Letter E : 1980 Feet From The North Line and 660 Feet From The West Line

Section 10 Township 21S Range 36E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

3580'

7. Lease Name or Unit Agreement Name

Eunice Monument South Unit

8. Well No.

302

9. Pool name or Wildcat

Eunice Monument GB/SA

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐

PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐

CHANGE PLANS ☐

PULL OR ALTER CASING ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐

ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐

PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: Perf/acdz ☒

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.

TD: 3890 PB: 3883 Work performed: 6/10/89 thru 6/12/89

POH w/production equipment. Acidize w/2150 gallons 15% NEFE HCL. Swab. RIH w/4" guns. Perf 3687-92 (10shots) 3700-04 (8 shots) and 3712-20 (16 shots) 2 .47" shots per fot, 180° phase. Acidize w/850 gallons 15% NEFE HCL. Swab run 2 3/8" tbg to 3868', SN at 3835'. ND BOP, NUWH. Run rods, seat and hang on. Load tbg w/15bbl FW, tst to 500psi. Pump action ok. Release rig, turn over to production dept.

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

SIGNATURE J. J. Emme TITLE Technical Assistant DATE 6-14-89

TYPE OR PRINT NAME

TELEPHONE NO.

(This space for State Use)
ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

JUN 16 1989

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

JUN 15 1989

OCN
FEDERAL BUREAU OF INVESTIGATION