

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)

30-025-04590

5. Indicate Type of Lease

STATE ☐

FEE ☒

6. State Oil & Gas Lease No.

N/A

7. Lease Name or Unit Agreement Name

EUNICE MONUMENT SOUTH UNIT

8. Well No.

317

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

GAS

WELL ☒

WELL ☐

OTHER

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

K

1980

Feet From The SOUTH

Line and

1980

Feet From The

WEST

Line

Section

10

Township

21S

Range

36E

NMPM

LEA

County

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

3594' DF

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 ☐

ALTER CASING ☐

COMMENCE DRILLING OPNS. ☐

PLUG AND ABAN. ☐

CASING TEST AND CMT JOB ☐

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.

WE PROPOSE TO:

ND WH, NU BOP. TAG F/FILL. C/O TO 3950' IF NECESSARY. ACDZ OH 3741-3950'

W/5000 GAL 15% NEFE HCL. SWAB BACK LOAD. RETURN TO PRODUCTION

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

SIGNATURE

*Nita Rice*

TITLE

TECHNICAL ASSISTANT

DATE:

1/6/94

TYPE OR PRINT NAME

NITA RICE

TELEPHONE NO. (915)687-7436

**ORIGINAL SIGNED BY JERRY SEXTON**

APPROVED BY

**DISTRICT I SUPERVISOR**

DATE

**JAN 11 1994**

CONDITIONS OF APPROVAL, IF ANY: