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OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

Form C-103  
Revised 12-1-

30. Indicate Type of Lease  
State ☐ Fee ☒  
31. State Oil & Gas Lease No.

SUNDRY NOTICES AND REPORTS ON WELLS

DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO REFINISH OR PLUG BACK TO A DIFFERENT RESERVOIR.  
USE "APPLICATION FOR PERMIT TO DRILL" (FORM C-101) FOR SUCH PROPOSALS.

1. ☐ 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. Location of Well  
UNIT LETTER R 1980 FEET FROM THE South LINE AND 1980 FEET FROM  
THE West LINE, SECTION 10 TOWNSHIP 21S RANGE 36E NEWMEX.

5. Elevation (Show whether D.F., K.T., G.R., etc.)

6. Well No.  
317

7. Unit Agreement Name  
Eunice Monument

8. Term of Lease (give)

9. County  
Lea

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"/> | PLUG AND ABANDON <input type="checkbox"/> | REMEDIAL WORK <input checked="" type="checkbox"/>    | ALTERING CASING <input type="checkbox"/>      |
| TEMPORARILY ABANDON <input type="checkbox"/>   | CHANGE PLANS <input type="checkbox"/>     | COMMENCE DRILLING OPS. <input type="checkbox"/>      | PLUG AND ABANDONMENT <input type="checkbox"/> |
| PULL OR ALTER CASING <input type="checkbox"/>  | OTHER <input type="checkbox"/>            | CASING TEST AND CEMENT JOBS <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.

Inspected casing valves.

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

SIGNED R.D. Pitre TITLE DIV. PETR. ENGINEER DATE 9-4-85

APPROVED BY [Signature] TITLE [Signature] DATE SEP 10 1985

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

SEP -9 1985

O.C.R.  
HOBBS OFFICE