Form C-103 State of New Mexico Submit 3 Copies To Appropriate District Energy, Minerals and Natural Resources Revised March 25, 1999 Office District I WELL API NO. 1625 N. French Dr., Hobbs, NM 87240 30-025-04592 District II OIL CONSERVATION DIVISION 5. Indicate Type of Lease 811 South First, Artesia, NM 87210 2040 South Pacheco District III FEE  $\square$ STATE x 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 INJECTOR 8. Well No. 2. Name of Operator 344 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 SOUTH feet from the line 660 line and \_ feet from the Unit Letter \_\_\_ **Township** Range 36E **NMPM** County TFA Section 10 10. Elevation (Show whether DR, RKB, RT, GR, etc.) 11. Check Appropriate Box to Indicate, Nature of Notice, Report, or Other Data SUBSEQUENT REPORT OF: NOTICE OF INTENTION TO: **ALTERING CASING** PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK COMMENCE DRILLING OPNS. PLUG AND **TEMPORARILY ABANDON CHANGE PLANS ABANDONMENT** CASING TEST AND **MULTIPLE PULL OR ALTER CASING** CEMENT JOB COMPLETION  $\mathbf{x}$ OTHER: CLEANED OUT, 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. WASHED THRU PERFS 3769'-3937'; MADE 2 PASSES, CIRC 2 TIMES BOTTOMS UP. PPD FOAM DOWN BACKSIDE, WHEN FOAM REACHED 3769', STARTED PPG ACID. ACZD 3769'-3937' W/1750 **950 0924** 3 257 CALS 15% NEFE HCL. SI WELL 30 MIN TO LET ACID SPEND. FLOWED DOWN; JETTED WELL W/N2. RETURNED WELL TO INJECTION. WORK PERFORMED 11/16/99 I hereby certify that the information above is true and complete to the best of my knowledge and belief. TITLE REGULATORY O.A. 1/27/00 \_DATE\_ SIGNATURE Telephone No. (915) 687-7148 Type or print name J. K. RIPLEY

TITLE

DATE

(This space for State use)

Conditions of approval, if any:

APPROVED BY\_