

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) <b>30-025-04592</b>	
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>	
6. State Oil & Gas Lease No. <b>2616</b>	
7. Lease Name or Unit Agreement Name <b>EUNICE MONUMENT SOUTH UNIT</b>	
8. Well No. <b>344WIC</b>	
9. Pool name or Wildcat <b>EUNICE MONUMENT</b>	

**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 INJECTOR

2. Name of Operator  
**CHEVRON U.S.A. INC.**

3. Address of Operator  
**P.O. BOX 1150 MIDLAND, TX 79702 ATTN: WENDI KINGSTON**

4. Well Location  
Unit Letter **N** : **660** 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.)  
**3567'**

11 Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data			
<b>NOTICE OF INTENTION TO:</b>		<b>SUBSEQUENT REPORT OF:</b>	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input checked="" type="checkbox"/>	ALTER CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABAN. <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>		CASING TEST AND CMT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: <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.

MIRU 6/20/95. CLEAN OUT 3787'-3954'. CIRC HOLE CLEAN.  
ACDZ W/5000 GALS 15% ACID. FLUSH  
TURN WELL OVER TO PRODUCTION 06/21/95.

I hereby certify that the information above is true and accurate to the best of my knowledge and belief.			
SIGNATURE	<i>Wendi Kingston</i>	TITLE	TECH. ASSISTANT
DATE:		07/24/95	
TYPE OR PRINT NAME		WENDI KINGSTON	
TELEPHONE NO.		(915)687-7826	
APPROVED BY		DATE	
CONDITIONS OF APPROVAL, IF ANY:		JUL 27 1995	

RECEIVED

JUL 23 1995

UCL HOBBS  
OFFICE