

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 type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No. <b>N/A</b>
7. Lease Name or Unit Agreement Name <b>EUNICE MONUMENT SOUTH UNIT</b>
8. Well No. <b>344</b>
9. Pool name or Wildcat <b>EUNICE MONUMENT</b>

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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 <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> WATER INJECTION	
2. Name of Operator <b>CHEVRON U.S.A. INC.</b>	
3. Address of Operator <b>P.O. BOX 1150 MIDLAND, TX 79702 ATTN: NITA RICE</b>	
4. Well Location Unit Letter <b>N</b> : <b>660</b> Feet From The <b>SOUTH</b> Line and <b>1980</b> Feet From The <b>WEST</b> Line Section <b>10</b> Township <b>21S</b> Range <b>36E</b> NMPM <b>LEA</b> County	
10. Elevation(Show whether DF, RKB, RT, GR, etc.) <b>3567'GL</b>	

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 checked="" type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input 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.

IT IS PROPOSED TO:  
CLEAN OUT W/COILED TBG & POLYMER TREAT W/ 1000 BBLS POLYMER SOLUTION.  
CLEAN LOCATION & RETURN TO PRODUCTION

I hereby certify that the information above is true and complete to the best of my knowledge and belief.	
SIGNATURE <i>Nita Rice</i>	TITLE <b>TECHNICAL ASSISTANT</b> DATE: <b>6/9/93</b>
TYPE OR PRINT NAME <b>NITA RICE</b>	TELEPHONE NO. <b>(915)687-7436</b>
Orig. Signed by <i>Paul Kautz</i> <b>Geologist</b>	DATE <b>JUN 11 1993</b>
APPROVED BY	TITLE
CONDITIONS OF APPROVAL, IF ANY:	