State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

OIL CONSERVATION DIVISION

2040 Pacheco St.
Santa Fe, NM 87505

DISTRICT I
P.O. Box 1980, Hobbs NM 88241-1980

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

WELL API NO.
30-025-04602

5. Indicate Type of Lease
STATE [X]   FEE [ ]

6. State Oil & Gas Lease No.

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.)

7. Lease Name or Unit Agreement Name

EUNICE MONUMENT SOUTH UNIT

1. Type of Well:
OIL WELL [X]   GAS WELL [ ]   OTHER

2. Name of Operator
Chevron U.S.A. Inc.

8. Well No.
274

3. Address of Operator
P.O. Box 1150, Midland, TX 79702

9. Pool name or Wildcat
EUNICE MONUMENT;GRAYBURG-SAN ANDRES

4. Well Location
Unit Letter __A__ : __660__ Feet From The __NORTH__ Line and __660__ Feet From The __EAST__ Line

Section __10__ Township __21S__ Range __36E__ NMPM __LEA__ County

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

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 [X]   ALTERING CASING [ ]

COMMENCE DRILLING OPNS. [ ]   PLUG AND ABANDONMENT [ ]

CASING TEST AND CEMENT 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.

POH W/PROD EQPT. TAGGED TD @ 3891'. SPOTTED 15 SX CMT @ 3890', TAGGED @ 3885'. SPOTTED 15 SX CMT @ 3885', TAGGED @ 3881'. SPOTTED 2 SX SAND ON PLUG, TAGGED @ 3878'. WASH OH & PERFS W/PERF CLEAN TOOL 3860'-3700' W/1500 GALS RS II. RIH W/TBG, PUMP & RODS. RETURNED WELL TO PRODUCTION.

WORK PERFORMED 2/2/98 - 2/6/98

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

SIGNATURE _J. K. Ripley_   TITLE _____ DATE _____

TYPE OR PRINT NAME   TELEPHONE NO.

(This space for State Use)

CHRIS WILLIAMS
SUPERVISOR

APPROVED BY _____   TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: