Submit 3 Copies To Appropriate District Office	State of Nev		Form C-103						
District I	Energy, Minerals and Natural Resources			STATE A DE	Revised March 25, 1999 WELL API NO.				
1625 N. French Dr., Hobbs, NM 87240			30-025-04605						
District II 811 South First, Artesia, NM 87210	OIL CONSERVATION DIVISION								
District III	2040 South Pacheco				5. Indicate Type of Lease  STATE  FEE				
1000 Rio Brazos Rd., Aztec, NM 87410 <u>District IV</u>	Santa Fe, NM 87505			6. State Oil				_	
2040 South Pacheco, Santa Fe, NM 87505					& Gas L	æase 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:				
1. Type of Well: Oil Well Gas Well Other INJECTOR					EUNICE MONUMENT SOUTH UNIT				
2. Name of Operator					8. Well No.				
Chevron U.S.A. Inc.					314				
3. Address of Operator					9. Pool name or Wildcat				
P.O. Box 1150 Midland, TX 79702					EUNICE MONUMENT; GRAYBURG-SAN ANDRES				
4. Well Location									
Unit Letter::	1980 feet from the	SOUTH	I line and	660f	feet from	the	<b>VEST</b> lin	ıe	
Section 11	Township 21s		ange 36E	NMPM		County	LEA	_	
	10. Elevation (Show whe	ether Di 359		etc.)	Ė				
11 Check A	Appropriate Box to Indi			e Report or	Other I	)ata			
11. Check Appropriate Box to Indicate Nature of Notice, NOTICE OF INTENTION TO:  SUB					SEQUENT REPORT OF:				
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK							NG CASING		
EMPORARILY ABANDON				LLING OPNS.		PLUG A			
PULL OR ALTER CASING  MULTIPLE			ASING TEST AN	ID		ABANDO	DNMENT		
	COMPLETION	_ c	EMENT JOB		_				
OTHER:			THER: CLEANET	OUT, ACZD				$\mathbf{x}$	
<ol> <li>Describe Proposed or Complete of starting any proposed work). or recompilation.</li> </ol>		_				_		_	
WASHED THRU PERFS 3745'-3845'; MADE 2 PASSES, CIRC 2 TIMES BOTTOMS UP. PPD FOAM DOWN BACKSIDE, WHEN FOAM REACHED 3745', STARTED PPG ACID. ACZD 3745'-3845' W/1500 GALS 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									
hereby certify that the information above	is true and complete to the be	st of my	knowledge and be	lief.				_	
SIGNATURE G.K. RUP	ley	TITLE.	REGULATORY O.	A	D <i>i</i>	ATE	1/27/00	_	
Type or print name J. K. RIPLEY	V			7	[elephone	e No. (9	15) 687-7148	<u> </u>	
(This space for State use)						£	(i § 222)		
APPROVED BY		TITLE	<u></u>		DA	TE		_	
Conditions of approval, if any:		_						-	