Submit 3 Copies to Appropriate District Office

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

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

WELL API NO.
30-025-04609

5. Indicate Type of Lease STATE [XX] 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 [ ] GAS WELL [ ] OTHER WIW

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

8. Well No.
273

3. Address of Operator
P.O. Box 670, Hobbs, NM 88240

9. Pool name or Wildcat
Eunice Monument G/SA

4. Well Location
Unit Letter D : 660 Feet From The North Line and 660 Feet From The West Line

Section 11 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: | | SUBSEQUENT REPORT OF: | |
|---|---|---|---|
| PERFORM REMEDIAL WORK [ ] | PLUG AND ABANDON [ ] | REMEDIAL WORK [ ] | ALTERING CASING [ ] |
| TEMPORARILY ABANDON [ ] | CHANGE PLANS [ ] | COMMENCE DRILLING OPNS. [ ] | PLUG AND ABANDONMENT [ ] |
| PULL OR ALTER CASING [ ] | | CASING TEST AND CEMENT JOB [ ] | |
| OTHER: [ ] | | OTHER: Sqz Grayburg Zone 6 [X] | |

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 PU, TOH W/PROD TBG & PKR, TIH W/ OH PKR SET @ 3826, SHEAR PUMP OUT PLUG W/1750 PSI ESTAB IR-1 1/2 BPM @ 1200 PSI NO EVIDENCE OF COMMUNICATION BATCH MIX 25 SX CL C + 0.5% HALAD 344 PUMPED CMT DISPLACED W/15 BBLS FW FINAL PRESS 1700 PSI SURF-3380 PSI BHP REL ON/OFF TOOL, LD W/S & RUN INJECTION TBG TURN WELL OVER TO PRODUCTION.

WORK STARTED 6-13-90 WORK ENDED 6-17-90

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

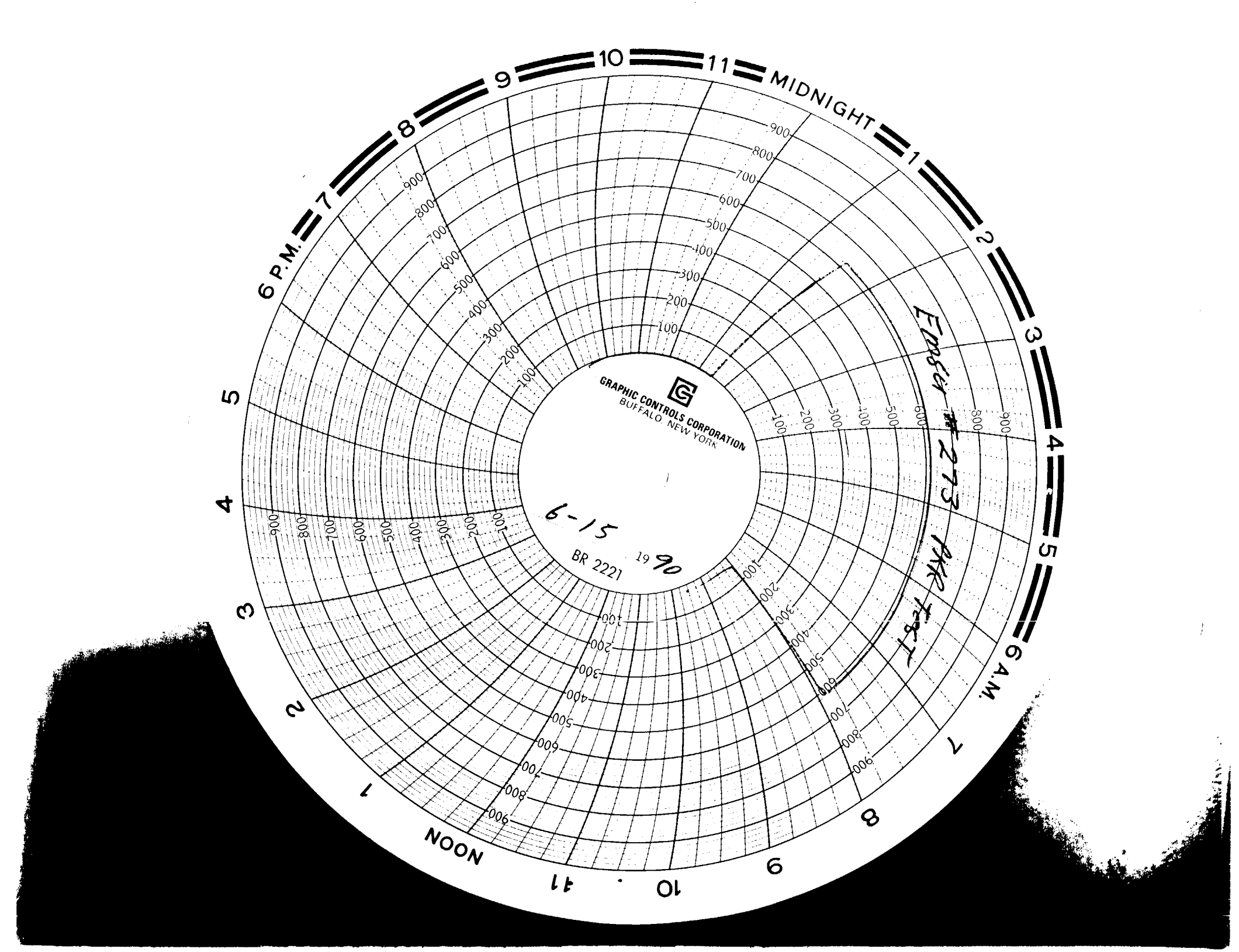
SIGNATURE M. E. Akins 6/20/90 TITLE Staff Drlg. Engr DATE 6-20-90

TYPE OR PRINT NAME M. E. Akins TELEPHONE NO. 393-4121

(This space for State Use)

APPROVED BY ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR TITLE DATE JUN 22 1990

CONDITIONS OF APPROVAL, IF ANY:


MIDNIGHT
1
2
3
4
5
6 A.M.
7
8
9
10
11
NOON
1
2
3
4
5
6 P.M.
7
8
9
10
11
GRAPHIC CONTROLS CORPORATION
BUFFALO, NEW YORK
6-15
19 90
BR 2221
Emsig #273 AKR Test