

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

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

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO.	30-025-04612
5. Indicate Type of Lease	STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name	
EUNICE MONUMENT SOUTH UNIT	
8. Well No.	271
9. Pool name or Wildcat	
EUNICE MONUMENT; GRAYBURG-SAN ANDRES	

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 <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> WIW	
2. Name of Operator Chevron U.S.A. Inc.	
3. Address of Operator P.O. Box 1150, Midland, TX 79702	
4. Well Location Unit Letter <u>B</u> : <u>660</u> Feet From The <u>NORTH</u> Line and <u>1980</u> Feet From The <u>EAST</u> Line Section <u>11</u> Township <u>21S</u> Range <u>36E</u> 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 ☒ 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/INJ EQPT. PPD 75 SX CL "H" @ 3838'; TOC @ 3530'. DRLD CMT TO 3678'. PPD 50 SX CL "H" @ 3677'; TOC @ 3525'. DO CMT TO 3658'; CIRC HOLE CLEAN. DRILLED 3658'-3888'. SLIDE & ROTATE 3888'-4525'. DRILLED 4525'-4601'. TIME DRILLED 3647'-3792' (END OF CURVE). RAN SURVEY & CIRC. RETURNED WELL TO INJECTION.

WORK PERFORMED 1/21/97 - 3/3/97.

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

SIGNATURE J. K. Ripley TITLE TECHNICAL ASSISTANT DATE 5/22/97
TYPE OR PRINT NAME J. K. RIPLEY TELEPHONE NO. (915)687-7148

(This space for State Use)

Signed by
[Signature]
Geologist

APPROVED BY _____ TITLE _____ DATE 4UG 5 1997
CONDITIONS OF APPROVAL, IF ANY: _____

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WELL API NO.	30-025-04612
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6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name	EUNICE MONUMENT SOUTH UNIT
8. Well No.	271
9. Pool name or Wildcat	EUNICE MONUMENT; GRAYBURG-SAN ANDRES
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	

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 <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER WIW	2. Name of Operator Chevron U.S.A. Inc.
3. Address of Operator P.O. Box 1150, Midland, TX 79702	4. Well Location Unit Letter B : 660 Feet From The NORTH Line and 1980 Feet From The EAST Line Section 11 Township 21S Range 36E NMPM LEA County

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

CHEVRON PROPOSES TO:
PLUG BACK OPEN HOLE 3657'-3840' W/NITRIFIED CEMENT AND DIRECTIONAL DRILL DUAL SHORT RADIUS
HORIZONTAL LATERALS: ONE APPROXIMATELY 900' NORTHWESTERLY, THE SECOND APPROXIMATELY 900'
SOUTHEASTERLY.
ACIDIZE BOTH WITH 30,000 GALS NEFE.

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

SIGNATURE J. K. Ripley TITLE TECHNICAL ASSISTANT DATE 1/7/97
TYPE OR PRINT NAME J. K. RIPLEY TELEPHONE NO. (915)687-7148

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE JAN 16 1997
CONDITIONS OF APPROVAL, IF ANY:

NO. OF COPIES RECEIVED	
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LE	
S.D.S.	
INC OFFICE	
ERATOR	

OIL CONSERVATION DIVISION
P. O. BOX 2038
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

5a. Indicate Type of Lease	
State <input type="checkbox"/>	Fee <input checked="" type="checkbox"/>
5. State Oil & Gas Lease No.	

SUNDRY NOTICES AND REPORTS ON WELLS
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USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.

☐ GAS WELL ☐ OTHER- W1W

7. Unit Agreement Name
Eunice Monument South Unit

Operator
Chevron U.S.A. Inc.

8. Farm or Lease Name

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

9. Well No.
271

Location of Well
LETTER B 660 FEET FROM THE North LINE AND 1980 FEET FROM
East LINE, SECTION 11 TOWNSHIP 21S RANGE 36E N.M.P.M.

10. Field and Pool, or Wildcat
Eunice Monument G-5A

15. Elevation (Show whether DF, RT, GR, etc.)

12. County
Lea

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

REMEDIAL WORK	<input type="checkbox"/>	PLUG AND ABANDON	<input type="checkbox"/>
DAILY ABANDON	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
ALTER CASING	<input type="checkbox"/>		<input type="checkbox"/>

REMEDIAL WORK	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
COMMENCE DRILLING OPNS.	<input type="checkbox"/>	PLUG AND ABANDONMENT	<input type="checkbox"/>
CASING TEST AND CEMENT JOB	<input type="checkbox"/>		
OTHER <u>commence water injection</u>	<input checked="" type="checkbox"/>		

Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed operations.) SEE RULE 1103.

Began water injection 12-19-86
Injection Tubing Pressure 0
Daily Injection Rate 663

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

L. Minami TITLE New Mexico Area Supt. DATE 12-27-86

ORIGINAL SIGNED BY BOB SEAY

BY _____ TITLE _____ DATE DEC 24 1986

OTHER APPROVALS, IF ANY: