

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

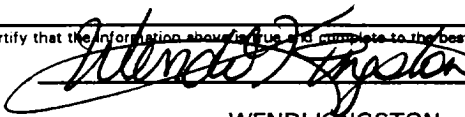

API NO. (assigned by OCD on New Wells) 30-025-04616
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. E-230
7. Lease Name or Unit Agreement Name EUNICE MONUMENT SOUTH UNIT
8. Well No. 312
9. Pool name or Wildcat EUNICE MONUMENT/GB/SA
10. Elevation(Show whether DF, RKB, RT, GR, etc.) 3581'

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 INJECTOR	
2. Name of Operator CHEVRON U.S.A. INC.	
3. Address of Operator P.O. BOX 1150 MIDLAND, TX 79702 ATTN: WENDI KINGSTON	
4. Well Location Unit Letter J : 1980 Feet From The SOUTH Line and Section 11 Township 21S Range 36E NMPM LEA County	
10. Elevation(Show whether DF, RKB, RT, GR, etc.) 3581'	

11 Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input 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: CLEAN OUT/STIM <input type="checkbox"/>	OTHER: <input checked="" 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.

WORK STARTED 11/14/94: RU SLICKLINE UNIT. TAG FILL AT TD.
ACDZ W/ 3000 GALS 15% NEFEA/UNISOL.
TURN WELL OVER TO PROD 11/14/94.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.	
SIGNATURE 	TECH. ASSISTANT
DATE: 11/29/94	
TYPE OR PRINT NAME WENDI KINGSTON	TELEPHONE NO. (915)687-7826
APPROVED BY 	DATE DEC 01 1994
CONDITIONS OF APPROVAL, IF ANY:	

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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 ☐ GAS ☐
WELL ☐ WELL ☐ OTHER ☐ INJECTOR

2. Name of Operator
CHEVRON U.S.A. INC.

3. Address of Operator
P.O. BOX 1150 MIDLAND, TX 79702 ATTN: NITA RICE

4. Well Location
Unit Letter **J** : **1980** Feet From The **SOUTH** Line and **1980** Feet From The **EAST** Line
Section **11** Township **21S** Range **36E** NMPM **LEA** County

10. Elevation(Show whether DF, RKB, RT, GA, etc.)
3581'

11 Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK	<input type="checkbox"/>	REMEDIAL WORK	<input type="checkbox"/>
TEMPORARILY ABANDON	<input type="checkbox"/>	COMMENCE DRILLING OPNS.	<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>	CASING TEST AND CMT JOB	<input type="checkbox"/>
OTHER: CLEAN OUT/STIM	<input checked="" type="checkbox"/>	OTHER:	<input type="checkbox"/>
PLUG AND ABANDON	<input type="checkbox"/>	ALTER CASING	<input type="checkbox"/>
CHANGE PLANS	<input type="checkbox"/>	PLUG AND ABAN.	<input type="checkbox"/>

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WE PROPOSE TO: RU SLICKLINE UNIT. TAG FILL AT TD. IF FILL IS ABOVE TD, THEN CLEAN OUT WITH COILED TBG. ACDZ W/ 3000 GALS 15% NEFEA/UNISOL. TURN WELL OVER TO PROD.

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

SIGNATURE <i>Wendi Kingston</i>	TITLE TECH. ASSISTANT	DATE: 08/31/94
TYPE OR PRINT NAME WENDI KINGSTON	TELEPHONE NO. (915)687-7826	
APPROVED BY DISTRICT I SUPERVISOR	TITLE	DATE SEP 02 1994
CONDITIONS OF APPROVAL, IF ANY:		