

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 Od, Artesia, NM 88210

DISTRICT III

1000 Rio Brazos Rd., Aztec, Nm 87410

API NO. (assigned by OCD on New Wells)
30-025-04629
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. N/A
7. Lease Name or Unit Agreement Name EUNICE MONUMENT SOUTH UNIT
8. Well No. 356
9. Pool name or Wildcat EUNICE MONUMENT/GB/SA

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK
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: NITA RICE
4. Well Location Unit Letter <u>D</u> : <u>660</u> Feet From The <u>NORTH</u> Line and <u>660</u> Feet From The <u>WEST</u> Line Section <u>14</u> Township <u>21 SOUTH</u> Range <u>36E</u> NMPM <u>LEA</u> County
10. Elevation(Show whether DF, RKB, RT, GR, etc.) 3571' GL

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"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER: <input type="checkbox"/>
OTHER: <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
	COMMENCE DRILLING OPNS. <input type="checkbox"/>
	CASING TEST AND CMT JOB <input type="checkbox"/>
	OTHER: <u>ACDZ</u> <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 05/04/94.
ACDZ WELL W/2400 GALS 15% HCL AND UNISOL SOLUTION. FLUSH.
RD. TURN WELL OVER TO PRODUCTION.

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

SIGNATURE Wendi Kingston TITLE TECH. ASSISTANT DATE: 05/12/94
TYPE OR PRINT NAME WENDI KINGSTON TELEPHONE NO. (915)687-7436

APPROVED BY Paul Kautz TITLE Geologist DATE: MAY 17 1994
CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

MAY 16 1964

SECURITY OBS
OFFICE

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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 DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)		API NO. (assigned by OCD on New Wells) 30-025-04629
1. Type of Well: OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER INJECTOR <input type="checkbox"/>		2. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator CHEVRON U.S.A. INC.		3. State Oil & Gas Lease No. N/A
3. Address of Operator P.O. BOX 1150 MIDLAND, TX 79702 ATTN: NITA RICE		7. Lease Name or Unit Agreement Name EUNICE MONUMENT SOUTH UNIT
4. Well Location Unit Letter D : 660 Feet From The NORTH Line and 660 Feet From The WEST Line Section 14 Township 21 SOUTH Range 36E NMPM LEA County		8. Well No. 356 WIC
10. Elevation(Show whether DF, RKB, RT, GR, etc.) 3571' GL		9. Pool name or Wildcat EUNICE MONUMENT/GB/SA

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: C/O W/COILD TBG, ACDZ <input checked="" 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.

WE PROPOSE TO:

RU SLICKLINE UNIT. TAG TD. MIRU COILED TBG UNIT. NU INJ HEAD. RIH W/TBG
C/O FILL TO TD. SI AT LEAST 12 HRS. ACDZ WELL W/800 GALS 15% NEFEA. FLUSH.
RD. TURN WELL OVER TO PRODUCTION.

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

SIGNATURE *Wendi Kingston* TITLE **TECH. ASSISTANT** DATE: **04/05/94**
TYPE OR PRINT NAME **WENDI KINGSTON** TELEPHONE NO. **(915)687-7436**

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

Orig. Signed by
Paul Kautz
Geologist

DATE

APR 07 1994

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT-" for such proposals

SUBMIT IN TRIPLICATE

1. Type of well
☐ Oil ☐ Gas ☒ Other **INJECTOR**

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

3. Address and Telephone No.
915-687-7812
P.O. BOX 1150 MIDLAND, TEXAS 79702 ATTN: P.R. MATTHEWS, ROOM 4115-A

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
SEC. 14, T22S, R36E
660' FNL & 660' FWL
UNIT D

5. Lease Designation and Serial No.
LC-32099-A **26032099B**

6. If Indian, Allottee or Tribe Name
N/A

7. If Unit or CA, Agreement Designation
N/A

8. Well Name and No.
Eunice Monument South Unit
EMSU # 356

9. API Well No.
30-025-04629

10. Field and Pool, or Exploratory Area
EUNICE MONUMENT - GB-SA

11. County or Parish, State
LEA COUNTY, NEW MEXICO

CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

12 TYPE OF SUBMISSION	TYPE OF ACTION	
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion	<input type="checkbox"/> New Construction
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Altering Casing	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> Other POLY. SQZ.	<input type="checkbox"/> Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimate date of starting any proposed operations, including subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

IT IS PROPOSED TO:
MIRU, POOH WITH INJECTION EQUIP.
TIH AND ISOLATE ZONE #1 OF THE GRAYBURG WITH A PACKER.
INJECT A POLYMER INTO THE FORMATION.
WAIT 24 HOURS FOR THE POLYMER TO GELL.
EVALUATE RESULTS WITH A TEMPERATURE SURVEY.
SHUT WELL IN FOR 48 HOURS.
RETURN TO INJECTION.

**Subject to
Like Approval
by State**

14. I hereby certify that the foregoing is true and correct

Signed P.R. Matthews Title TECHNICAL ASSISTANT Date 6-23-92

(This space for Federal or State office use)

Approved by [Signature] Title [Signature] Date 7/28/92

Conditions of approval, if any:

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

*See Instructions on Reverse Side