

## OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-101  
Revised 10-1-73

NO. OF COPIES RECEIVED	
DISTRIBUTION	
AMOUNT	
DATE	
U.S.G.S.	
AND OFFICE	
OPERATOR	

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

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.)
☐ OIL WELL ☐ GAS WELL ☒ OTHER- WW

Name of Operator

Chevron U.S.A. Inc.

Address of Operator

P. O. Box 670, Hobbs, NM 88240

Location of Well

 T. LETTER D 660 FEET FROM THE North LINE AND 660 FEET FROM  
West LINE, SECTION 14 TOWNSHIP 21S RANGE 36E N.M.P.M.

7. Unit Agreement Name

Eunice Monument South Unit

8. Farm or Lease Name

Eunice Monument South Unit

9. Well No.

356

10. Field and Pool, or Wildcat

Eunice Monument G-SA

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:

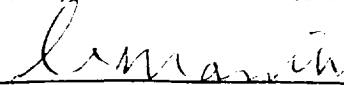
REMEDIAL WORK ☐PARTIAL ABANDON ☐ALTER CASING ☐PLUG AND ABANDON ☐CHANGE PLANS ☐

## SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐COMMENCE DRILLING OPS. ☐CASING TEST AND CEMENT JOB ☐OTHER ☐ALTERING CASING ☐PLUG AND ABANDONMENT ☐cellar inspection ☒
 Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed  
 a) SEE RULE 1103.

Dug up cellar and repiped the casing valve to surface.

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


TITLE New Mexico Area Supt.DATE 2-17-87

TITLE OIL & GAS INSPECTORDATE 2-24-87

COPIES OF APPROVAL, IF ANY:

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE  
(Other instructions  
reverse side)

Form approved.  
Budget Bureau No. 1004-0135  
Expires August 31, 1985

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—" for such proposals.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Injector	7. UNIT AGREEMENT NAME Eunice Monument South Unit
2. NAME OF OPERATOR Chevron U.S.A. Inc.	8. FARM OR LEASE NAME
3. ADDRESS OF OPERATOR P.O. Box 670 Hobbs, NM 88240	9. WELL NO. 356
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface  Unit D, 660' FNL & 660' FWL	10. FIELD AND POOL, OR WILDCAT Eunice Monument G/SA
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3571' GL
	12. COUNTY OR PARISH Lea
	13. STATE NM

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

☐  
☐  
☐  
☐

PULL OR ALTER CASING

☐  
☐  
☐  
☐

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON\*

REPAIR WELL

CHANGE PLANS

(Other) Deepen and convert to injection

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

☐  
☐  
☐

REPAIRING WELL

☐  
☐  
☐

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT\*

(Other)

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

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

Clean out to TD @ 3895'. Deepen well from 3895' to 3941'. Log well. Add additional Grayburg perforations as logs indicate. Acidize as necessary. Equip for injection. Test casing, packer, and tubing to 500 psi for 30 minutes. Return to production as an injector.

Note: Old well name was Lockart "B-14" #2 (Conoco).

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

SIGNED M. E. Abner

TITLE Staff Drilling Engineer

DATE 1-6-1987

(This space for Federal or State office use)  
Orig. Sgd. Linda S. C. Fongell

APPROVED BY Acting Area Manager

TITLE

DATE 1-12-87

CONDITIONS OF APPROVAL, IF ANY:

Subject to  
Like Approval  
by State

\*See Instructions on Reverse Side