Submit 3 Copies to Appropriate

## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revisied 1-1-89

District Office

## OIL CONSERVATION DIVISION

District Office		`			ION DIVI	31014				
				O. Box 2						
DISTRICT	-		Santa F	e, New I	Mexico 8750	04-2088				
	80, Hobbs, NM 88	240								
DISTRICT	<u>II</u> Dd, Artesia, NM 8	2210						ssigned by OCD on I	New Wells)	
DISTRICT		8210					30-025	5-04640		
	<u>III</u> azos Rd., Aztec, Nr	n 87410					5. Indicat	e Type of Lease	F77	_
	200 112., 72.00, 111							STATE	X FEE	<u> </u>
							6. State	Oil & Gas Lease No.		
							N/A			
		SUNDRY NO	TICES AND I	REPORTS	ON WELLS					
	(DO NOT USE	THIS FORM FOR	PROPOSALS TO	DRILL OR	TO DEEPEN OF	R PLUG BAC	K 7. Lease h	Name or Unit Agreen	nent Name	
1		DIFFERENT RES	ERVOIR. USE "	APPLICATION	ON FOR PERMIT		EUNICE	MONUMENT	SOUTH	UNIT
		(FORM C-10	1) FOR SUCH P	ROPOSALS	5.)					
1. Type of	Well:	0.40					7			
WELL		GAS	ozusa II	LIFOTOF	•					
		WELL	OTHER II	VJECTOF	<u> </u>					
2. Name of	•					·	8. Well No.			
2 111		U.S.A. INC.						354 <b>}</b>		
3. Address	•	AND TY 70	100 ATTN A		_		9. Pool name or Wildcat			
4. Well Loca		_AND, TX 797	02 ATTN: N	ITA RICE			EUNICE MONUMENT/GB/SA			
Unit Letter	LION	В :	660 Feet Fr	rom The	NORTH	Line and	1 0	80 Feet From The	EACT	
Section	14		Towns		SOUTH	Range	36E	NMPM	LEAST	Line
					whether DF, RKE	•		William	LLA	County
					3578'	GL				
11		Check Approp	oriate Box to Ind	ecate Natu			er Date			
	NOTICE OF	INTENTION T	O:			EQUENT		OF.		
PERFORM RE	MEDIAL WORK	PLUG AND AB	ANDON	REME	DIAL WORK		7	ALTER CASIN	. I	$\neg$
TEMPORARIL	Y ABANDON	CHANGE PLAN	s	СОМ	MENCE DRILLING	ODNS	=		- }	=
PULL OR ALT		H	~ Ш	1		<b>_</b>	4	PLUG AND AB	AN.	
		∟∟ ∟D TBG, ACD2	, [V]	1	NG TEST AND CM	1 JOB	j			
OTHER:	C/O W/COIL	D IBG, ACD	<u>z   X  </u>	OTHE	R:			·		
10.0				l						
12. Describe	t Proposed or Com; date of starting an	pleted Operations(Cle proposed work) SEE	erly state all pertine RULF 1103	ent details, an	d give pertinent da	tes, including		-		
		, proposed mark, ecc	MOLE 1100.							
	WE PROPOS	SE TO:								
WE PROPOSE TO: RU SLICKLINE UNIT. TAG TD. MIRU COILED TBG UNIT. NU INJ HEA										
	C/O FILL TO	TD. SI AT LE	AST 12 HRS	S. ACDZ	WELL W/700	O GALS 1	5% NEFE	A. FLUSH.		
	RD. TURN V	VELL OVER TO	D PRODUCTI	ON.						
	1	- 0	1							
I hereby certify	that the informati	on above (O)	emplare the bea	e of my know	dadas and balled					
SIGNITURE	WO	MO LAND	1.10		-	NIT	DATE.	04/05/04		
SIGNITURE		CAN IN	(COLUMNIC)	1 50	H. ASSISTA	1111	DATE:	04/05/94	<del></del>	
TYPE OR PRIN	T NAME	WENDI KIN	J GSTON					/0151005	7400	
- CON FRIN	, ivewill	TTEITOI KIIV	COTON	<b>6</b>			TELEPHONE	<u>но. (915)687-</u>	7436	
				Umg. S	ligned by Kautz logst			ADD A	7 4001	
APPROVED BY			TITLE	BILL	Kautz		DATE	APK U	7 1994	T.
CONDITIONS	OF APPROVAL, IF	ANY:		<u>∵Ho</u>	NOSTIG					

rorm	C-	w	
Revise	ed 1	-1-	89

DISTRICT I P.O. Box 1980, Hobbs, NM 88240  DISTRICT II P.O. Drawer DD. Arceir NB 68240	OL CONSERVAT P.O. Box Santa Fe, New Mexi	2088	WELL API NO.		
P.O. Drawer DD, Artesia, NM 88210  DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410	= 5,2.001 1.1001	-0 0/304-2000	5. Indicate Type of Lease  STATE  FEE X  6. State Oil & Gas Lease No.		
DIFFERENT RESER	CES AND REPORTS ON WIPOSALS TO DRILL OR TO DEEP VOIR. USE "APPLICATION FOR 101) FOR SUCH PROPOSALS.)	EN OR PLUG BACK TO A	7. Lease Name or Unit Agreement Name		
OIL GAS WELL C. Name of Operator	OTHER - WIN		Eunice Monument South Unit		
Chevron U.S.A.  3. Address of Operator	8. Well No.				
	Hobbs, New Mexico	88240	9. Pool name or Wildcat Eunice Monument Grayburg S/A		
Unit Letter B :660	Feet From The North	Line and1980	Feet From The East Line		
Section 14	Township 21S	Range 36E N	Mm. Lea		
	10. Elevation (Show wheth	er DF, RKB, RT, GR, etc.)	County		
11. Check A NOTICE OF INTE	ppropriate Box to Indicate ENTION TO:	Nature of Notice, Re	port, or Other Data EQUENT REPORT OF:		
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING		
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING			
PULL OR ALTER CASING		CASING TEST AND CEM			
OTHER:		OTHER: Cellar In:	· <del></del>		
<ol> <li>Describe Proposed or Completed Operation work) SEE RULE 1103.</li> </ol>	ns (Cleariy state all pertinent details, a				
Dug up cellar and repipe	ed the casing valve t	o surface.			
Inspected by OCD represe	entative 1-5-89.				
I hereby certify that the information above is true and	complete to the best of my knowledge and	beliaf.			
SIGNATURE XXIII		NM Area Prod. S	upt DATE		
TYPE OR PRINT NAME C. L. MOTTI	11		<b>ТЕLЕРНОНЕ NO.</b> 505-393-4121		
(This space for State Use)  APPROVED BY RANGE	<u>lle</u>	OIL & GAS IN	SPECTOR FEB 0 2 1989		

CONDITIONS OF APPROVAL, IF ANY:

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FEB 1 1989 OCD HOBBS OFFICE

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ACTIVITIES AND A 170 AND 199121