

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department  
**OIL CONSERVATION DIVISION**

Form C-103  
Revised 1-1-89

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT I

P.O. Box 1880, 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)

30-025-04640

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

N/A

7. Lease Name or Unit Agreement Name

EUNICE MONUMENT SOUTH UNIT

1. Type of Well:

OIL

GAS

WELL ☐

WELL ☐

OTHER

INJECTOR

2. Name of Operator

CHEVRON U.S.A. INC.

8. Well No.

354 WIC

3. Address of Operator

P.O. BOX 1150 MIDLAND, TX 79702 ATTN: NITA RICE

9. Pool name or Wildcat

EUNICE MONUMENT/GB/SA

4. Well Location

Unit Letter

B

660 Feet From The

NORTH

Line and

1980 Feet From The

EAST

Line

Section

14

Township

21 SOUTH

Range

36E

NMPM

LEA

County

10. Elevation(Show whether DF, RKB, RT, GR, etc.)

3578' GL

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:

C/O W/COILD TBG, ACDZ

☒

**SUBSEQUENT REPORT OF:**

REMEDIAL WORK ☐

ALTER CASING ☐

COMMENCE DRILLING OPNS. ☐

PLUG AND ABAN. ☐

CASING TEST AND CMT 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.

**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/700 GALS 15% NEFEA. 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: 04/05/94

TYPE OR PRINT NAME

WENDI KINGSTON

TELEPHONE NO. (915)687-7436

APPROVED BY

TITLE

Orig. Signed by  
*Paul Kautz*  
Geologist

DATE

APR 07 1994

CONDITIONS OF APPROVAL, IF ANY:

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

# OIL CONSERVATION DIVISION

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

WELL API NO.

5. Indicate Type of Lease

STATE ☐

FEE ☒

6. 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.)

1. Type of Well:

OIL  
WELL ☐

GAS  
WELL ☐

OTHER - WIW

2. Name of Operator

Chevron U.S.A., Inc.

3. Address of Operator

P.O. Box 670, Hobbs, New Mexico 88240

4. Well Location

Unit Letter B : 660 Feet From The North Line and 1980 Feet From The East Line

Section 14

Township 21S

Range 36E

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: Cellar Inspection ☒

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.

Dug up cellar and repiped the casing valve to surface.

Inspected by OCD representative 1-5-89.

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

SIGNATURE C. L. Morrill TITLE NM Area Prod. Supt. DATE 1-30-89

TYPE OR PRINT NAME C. L. Morrill

TELEPHONE NO. 505-393-4121

(This space for State Use)

APPROVED BY R. A. Adkins TITLE OIL & GAS INSPECTOR DATE FEB 02 1989

CONDITIONS OF APPROVAL, IF ANY:

601 19 121

HOVDEHAT HAD 2 171

RECEIVED

FEB 1 1989

OCD  
HOBBS OFFICE