

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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U.S.G.S.	
LAND OFFICE	
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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

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- Injector

Name of Operator
Chevron U.S.A. Inc.

Address of Operator
P.O. Box 670 Hobbs, NM 88240

Section of Well

UNIT LETTER B 660 FEET FROM THE North LINE AND 1980 FEET FROM
THE East LINE, SECTION 14 TOWNSHIP 21S RANGE 36E NMPM.

7. Unit Agreement Name
Eunice Monument South Unit

8. Farm or Lease Name

9. Well No.
354

10. Field and Pool, or WHDCat
Eunice Monument G/SA

15. Elevation (Show whether DF, RT, GR, etc.)
3578' GL

12. County
Lea

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO:

FORM REMEDIAL WORK ☐
FORABLY ABANDON ☐
OR ALTER CASING ☐
OTHER Deepen and convert to injection ☒

PLUG AND ABANDON ☐
CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐
COMMENCE DRILLING OPER. ☐
CASING TEST AND CEMENT JOB ☐
OTHER ☐

ALTERING CASING ☐
PLUG AND ABANDONMENT ☐

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.

Clean out to TD @ 3875. Deepen well from 3875 ' to 3993 '. 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.

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

M. E. Akim

TITLE Staff Drilling Engineer

DATE 1-6-1987

ORIGINAL SIGNED BY JERRY SEXTON

VED BY DISTRICT 1 SUPERVISOR

TITLE

DATE JAN 8 1987

CTIONS OF APPROVAL, IF ANY: