

DISTRICT I

P.O. Box 1980, Hobbs, NM 88240

DISTRICT II

P.O. Box 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.

30-025-04636-04643

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil / Gas Lease No.

7. Lease Name or Unit Agreement Name
EUNICE MONUMENT SOUTH UNIT

8. Well No.
357

9. Pool Name or Wildcat
GRAYBURG SAN ANDRES

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMI
(FORM C-101) FOR SUCH PROPOSALS.

1. Type of Well: OIL WELL ☒ GAS WELL ☐ OTHER

2. Name of Operator
CHEVRON USA INC

3. Address of Operator
15 SMITH ROAD, MIDLAND, TX 79705

4. Well Location

Unit Letter A : 660' Feet From The NORTH Line and 660' Feet From The EAST Line

Section 15 Township 21-S Range 36-E NMPM LEA COUNTY

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3577'

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: CONVERT TO INJECTION ☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐

ALTERING CASING ☐

COMMENCE DRILLING OPERATION ☐

PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT 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.

CHEVRON U.S.A. INC. INTENDS TO CONVERT THE SUBJECT WELL TO INJECTION. THE INTENDED PROCEDURE IS AS FOLLOWS:

- 1) VERIFY ANCHORS HAVE BEEN SET & TESTED.
- 2) MIRU P.U.L. NDWH. NUBOP.
- 3) POH W/RDS, TBG & PMP.
- 4) TIH W/BIT TO TD @ 3942. CIRC CLEAN.
- 5) RUN PKR TO 3675'. TEST BACKSIDE TO 500 PSI. STIMULATE OPEN HOLE W/5000 GALS 15% HCL. DISPL W/2% KCL WTR. FLOW BACK.
- 6) REL PKR & TOH.
- 7) TIH W/INJECTION PKR & SET @ 3660'. CIRC CSG W/CORROSION INHIBITED PKR FLUID & SET PKR.
- 8) PERFORM MIT. (500 PSI FOR 30 MIN)
- 9) ND BOP. NUWH. RDPU.
- 10) PLACE WELL ON INJECTION.

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

SIGNATURE Denise Leake TITLE Regulatory Specialist

DATE 11/19/2002

TYPE OR PRINT NAME Denise Leake

Telephone No. 915-687-7375

(This space for State Use)

APPROVED

CONDITIONS OF APPROVAL, IF ANY:

TITLE

ORIGINAL SIGNED BY

GARY W. WINK

OC FIELD REPRESENTATIVE II/STAFF

DATE

NOV 25 2002

DeSoto/Nichols 12-93 ver 1.0