

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 1980, 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)	30-025-04649
6. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>	
8. State Oil & Gas Lease No.	N/A
7. Lease Name or Unit Agreement Name	EUNICE MONUMENT SOUTH UNIT
8. Well No.	36-D
9. Pool name or Wildcat	EUNICE MONUMENT/GB-SA

SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)	
1. Type of Well: OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER INJECTION	
2. Name of Operator CHEVRON U.S.A. INC.	
3. Address of Operator P.O. BOX 1150 MIDLAND, TX 79702 ATTN: NITA RICE	
4. Well Location Unit Letter <u>A D</u> Section <u>10 15</u> 660 Feet From The <u>NORTH</u> Township <u>21S</u> Line and Range <u>36E</u> 660 Feet From The <u>West</u> NMPM LEA County	
10. Elevation(Show whether DF, RKB, RT, GR, etc.) 3585' GR	

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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: POLYMER TREAT ☐

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.

IT IS PROPOSED TO :
MIRU, PUMP 1200 BBLS OF 2000 TO 8000 POLYMER SOLUTION. RD & SWI 4 DAYS,
RETURN TO INJECTION

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

SIGNATURE Nita Rice TITLE TECHNICAL ASSISTANT DATE: 7/21/93

TYPE OR PRINT NAME NITA RICE TELEPHONE NO. (915)687-7436

Orig. Signed by
Paul Kautz
Geologist

APPROVED BY _____ TITLE _____ DATE JUL 27 1993
CONDITIONS OF APPROVAL, IF ANY _____

RECEIVED

NOV 19 1954

LIBRARY
1954