to Appropriate District Office	Energy, Minerals and Natural Resources Department		Form C-103
DISTRICT I	Oal CONSERVATION DIVISION		Revised 1-1
D.O. B 2000		V.ELL API NO.	
<u> </u>		30-025-04651	
P.O. Box Drawer DD, Artesia, NM 88210 Santa Fe, New Mexico 87504-2088			5. Indicate Type of Lease STATE FEE FEE
DISTRICT III			STATE FEE [6. State Oil / Gas Lease No.
1000 Rio Brazos Rd., Aztec, NM 87410			
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			7. Lease Name or Unit Agreement Name
(FORM	C-101) FOR SUCH PROPOSA	ALS.	EUNICE MONUMENT SOUTH UNIT
WELL WELL OTHER			
2. Name of Operator CHEVRON USA INC			8. Well No. 359
Address of Operator 15 SMITH ROAD, MIDLAND, TX 79705			9. Pool Name or Wildcat
4. Well Location			GRAYBURG SAN ANDRES
Unit Letter C :	660'Feet From The _	NORTH Line and 1980'	_Feet From TheWEST Line
Section 15	Township21-S	Range <u>36-E</u> NM	1PM LEA COUNTY
	10. Elevation (Show whether D	F, RKB, RT,GR, etc.) 3579'	- Nie
		e Nature of Notice, Report,	or Other Data
NOTICE OF INTENTION	ON TO:	SU	JBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK 🔀	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING OPE	
PULL OR ALTER CASING CASING TEST AND CEMEN			
OTHER: CONVERT	TO INJECTION	OTHER:	
 Describe Proposed or Completed Op proposed work) SEE RULE 1103. 	erations (Clearly state all pertir	nent details, and give pertinent da	tes, including estimated date of starting any
CHEVRON U.S.A. INC. INTENDS TO C	ONVERT THE SUBJECT WEL	L TO INJECTION. THE INTEND	DED PROCEDURE IS AS FOLLOWS:
1) VERIFY ANCHORS HAVE BEEN SE 2) MIRU PU. ND WH. NU BOP. 3) POH W/RDS, TBG & PMP. 4) TIH W/BIT TO TD @ 3954. CIRC CL 5) RUN PKR TO 3705'. TEST BACKSID 6) RELEASE PKR. 7) TIH W/INJECTION PKR W/ON/OFF 8) PERFORM MIT (500 PSI FOR 30 MI 9) ND BOP. NU WH. RD PU. 10) PLACE WELL ON INJECTION.	LN. DE TO 500 PSI. STIMULATE O		HCL. DISPL W/2% KCL WTR. FLOW BACK. N INHIBITED PKR FLUID & SET PKR.
\mathcal{L}	the best of ref knowledge and belief.		
TYPE OR PRINT NAME De		tegulatory Specialist	DATE <u>11/26/2002</u> Telephone No. 915-687-7375
	nise Leake		
(This space for State Use) APPROVED			DF 72 77091

CONDITIONS OF APPROVAL, IF ANY:

TITLE

e va live

DATE

DeSoto/Nichols 12-93 ver 1.0