Submit 3 Copies To Appropriate District State of New Mexico Form C-103 Office Energy, Minerals and Natural Resources Revised March 25, 1999 District I WELL API NO. 1625 N. French Dr., Hobbs, NM 87240 District II 30-025-04653 OIL CONSERVATION DIVISION i South First, Artesia, NM 87210 5. Indicate Type of Lease 2040 South Pacheco District III 1000 Rio Brazos Rd., Aztec, NM 87410 STATE 😿 Santa Fe, NM 87505 FEE i. strict IV 6. State Oil & Gas Lease No. 2040 South Pacheco, Santa Fe, NM 87505 SUNDRY NOTICES AND REPORTS ON WELLS 7. Lease Name or Unit Agreement Name: (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: **EUNICE MONUMENT SOUTH UNIT** Oil Well Gas Well Other INJECTOR 2. Name of Operator 8. Well No. Chevron U.S.A. Inc. 3. Address of Operator 9. Pool name or Wildcat P.O. Box 1150 Midland, TX 79702 EUNICE: MONUMENT; GRAYBURG-SAN ANDRES 4. Well Location 1980 SOUTH feet from the line and 660 feet from the line Section 15 Township 218 Range County LEA 10. Elevation (Show whether DR, RKB, RT, GR, etc.) 11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PERFORM REMEDIAL WORK PLUG AND ABANDON **ALTERING CASING** REMEDIAL WORK x **TEMPORARILY ABANDON CHANGE PLANS** COMMENCE DRILLING OPNS. PLUG AND **ABANDONMENT** PULL OR ALTER CASING **MULTIPLE** CASING TEST AND COMPLETION **CEMENT JOB** OTHER: 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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation. POH W/INJ EQPT. DUMPED 2300# SAND; TAGGED @ 3790'. CO SAND 3820'. PPD 150 SX CMT; CIRC TO SURF. DO CMT TO 3820'; WASHED SAND TO 3970' & CIRC CLEAN. RIH W/TEG & INJ PKR TO 3645'. RAN MIT. RETURNED WELL TO INJECTION. WORK PERFORMED 4/14/99 -- 4/26/99 I hereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE. 9/6/00 _DATE_ Type or print name J. Telephone No. (915) 687-7148 (This space for State use) APPROVED BY TITLE DATE Conditions of approval, if any:



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