Submit 3 Copies To Appropriate District Office District I	State of New Mexico Minerals and Natural Resources	Form C-103 Revised March 25, 1999
1625 N. French Dr., Hobbs, NM 87240	CONSERVATION DIVISION 2040 South Pacheco Santa Fe, NM 87505	WELL API NO. 30-025-04656  5. Indicate Type of Lease STATE  FEE   6. State Oil & Gas Lease No.
SUNDRY NOTICES AND F (DO NOT USE THIS FORM FOR PROPOSALS TO DE DIFFERENT RESERVOIR. USE "APPLICATION FOR PROPOSALS.)	RILL OR TO DEEPEN OR PLUG BACK TO A	7. Lease Name or Unit Agreement Name:
1. Type of Well: Oil Well		EUNICE MONUMENT SOUTH UNIT
2. Name of Operator		8. Well No.
Chevron U.S.A. Inc.		384
3. Address of Operator		9. Pool name or Wildcat  EINICE MONIMENT; GRAYBURG-SAN ANDRES
P.O. Box 1150 Midland, TX 79702 EUNICE MONUMENT; GRAYBURG-SAN ANDRES  4. Well Location		
Unit Letter H: 1980 feet from the NORTH line and 660 feet from the EAST line		
Section 16 T	Township 21s Range 36E	NMPM County LEA
10. Eleva	ation (Show whether DR, RKB, RT, GR, et	c.)
3588′		
11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data		
NOTICE OF INTENTION		SEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AN	ID ABANDON   REMEDIAL WORK	x ALTERING CASING
TEMPORARILY ABANDON CHANGE		ABANDONMENT
PULL OR ALTER CASING		Ш
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. WASHED & ROTATED 3659'-3932'; CO SOLID FILL 3932'-4010'. RIH W/IPC TEG & PIP PKR; SET @ 3802'. RAN MIT. RETURNED WELL TO INJECTION.		
WORK PERFORMED 10/9/00 - 10/13/00		
I hereby certify that the information above is true and complete to the best of my knowledge and belief.		
SIGNATURE G.K. Riply	TITLE REGULATORY O.A.	DATE 11/2/00
Type or print name J. K. RIPLEY		Telephone No. (915) 687-7148
(This space for State use)		(343/00/-/140
•		DATES 19 00 AAA
APPROVED BY	TITLE	DATE A STATE OF THE STATE OF TH

JCS