

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer 00, Artesia, NM 88210

DISTRICT III
1000 Rio Arriba Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO.
30-025-04657

5. Indicate Type of Lease
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

SUNDRY NOTICES AND REPORTS ON WELLS
(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:
OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. Name of Operator
CHEVRON USA

3. Address of Operator
P.O. Box 1150 Midland TX 79702 ATTN: ED Doherty RM 4111

4. Well Location
This Lease K : 3300 Feet From The North Line and 1980 Feet From The West Line
Section 6 Township 21S Range 36E NMPM LEA County
10. Elevation (Show whether OF, RKB, RT, GR, etc.)
3558' GR

7. Lease Name or Unit Agreement Name
ELNIRE MONUMENT South Unit

8. Well No.
218

9. Foot name or Wildcat
ELNIRE MONUMENT G.B./SA

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 ☐	REMEDIAL WORK ☐	ALTERING CASING ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPER. ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐	OTHER: ☐	CASING TEST AND CEMENT JOB ☐	OTHER: <u>Add perfs</u> ☒

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.

10/14/90 SET RBP @ 3846 PERF 3822-36 W/1/2 JHPF 180° PHASING. SET PER @ 3764 ACD'Z 3822-36 W/11509 15% NEFE. SET CIBP @ 3726 MIX 200 SX CNT. 592 PERFS 3822-36 42 SX IN FORMATION. DRILL CNT F/3313-3845 TST 592'D PERFS TO 500 PSI OK. DRIL CIBP + CNT F/3845-3912. PERF 3854-3912 (25 holes). W/3'8'9" W. 1 JHPF ACD'Z 3854-3912 W/1000 9 15% NEFE & 39 RCNBS. SWAB WELL RUN RODS & TBQ. TURN WELL OVER TO PRODUCTION.

Work started 10/14/90
ENDED 10/22/90

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

SIGNATURE E.O. Doherty TITLE Dir. T.A. DATE 10/23/90

TYPE OR PRINT NAME E.O. DOHERTY TELEPHONE NO. 915-687-7812

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: _____

RECEIVED

OCT 24 1990

REC'D
RECEIVED OFFICE