

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

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

WELL API NO.	30-025-04661
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	7. Lease Name or Unit Agreement Name Eunice Monument South Unit		
2. Name of Operator Chevron U.S.A. Inc.	8. Well No. 363		
3. Address of Operator P.O. Box 670, Hobbs, NM 88240	9. Pool name or Wildcat Eunice Monument G/SA		
4. Well Location Unit Letter C : 660 Feet From The North Line and 1980 Feet From The West Line Section 16 Township 21S Range 36E NMPM Lea County	10. Elevation (Show whether OF, RKB, RT, GR, etc.) 3599' GL		

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 OPNS. ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐		CASING TEST AND CEMENT JOB ☐	
OTHER: ☐		OTHER: Sqz csg shoe to shutoff excess water ☒	

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.

MIRU PU, TOH W/ PUMP & RODS TOH W/ 2 3/8" PROD TBG RU WL CO. RAN GR/CCL/CALIPER 3965 TO 3600 RD WL CO. TIH W/DUAL TAM "J" INFLATABLE STRADDLE PKRS W/132' SPACING W/2" ID ON/OFF TOOL RU WL CO. & CORRELATE PKR SETTINGS TO LOG BTM PKR @ 3864-68 TOP PKR 3728-32 INFLATE PKRS W/1600 PSI DIFFERENTIAL RELEASE FROM ON/OFF TOOL TOH, TIH W/BPMAJ & PERF SUB & 2 3/8" PROD TBG EOT @ 3725 SN @ 3689 TAC @ 3484 NUWH TIH W/PUMP & RODS CHECK PUMP ACTION, OK, RDMO PU BLWTBR-49, REPAIR STUFFING BOX & RETURN TO PRODUCTION 5-10-90.

WORK STARTED 5-9-90 WORK ENDED 5-10-90

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

SIGNATURE M. E. Akins 5/14/90 TITLE Staff Drlg. Engr. DATE 5-15-90
TYPE OR PRINT NAME M. E. Akins TELEPHONE NO. 393-4121

(This space for State Use)
ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

MAY 21 1990