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State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revisied 1-1-89

OIL CONSERVATION DIVISION

1-

| District Office | OIL CONSEN | VATION DIVISION | | | | |
|---|---|--|----------------|--|-------|--|
| | P.O. | Box 2088 | | | | |
| DISTRICT I | Santa Fe. N | lew Mexico 87504-2088 | | | | |
| P.O. Box 1980, Hobbs, NM 88240 | | | | | | |
| DISTRICT II | | | | API NO. (assigned by OCD on New Wells) | | |
| P.O. Drawer Dd. Artesia, NM 88210 | | | | 30-025-04662 | | |
| DISTRICT III | | | | pe of Lease | | |
| 1000 Rio Brazos Rd., Aztec, Nm 87410 | | | d. Indicate Ty | STATE X FEE | | |
| | | | ļ | 7z | | |
| | | | 6. State Oil 8 | Gas Lease No. | | |
| | | | N/A | | | |
| S | SUNDRY NOTICES AND REP | ORTS ON WELLS | | | | |
| | HIS FORM FOR PROPOSALS TO DR | | | | | |
| | DIFFERENT RESERVOIR. USE "APPL | | /. Lease Name | e or Unit Agreement Name | | |
| | | | | | | |
| <u> </u> | (FORM C-101) FOR SUCH PROP | USALS.) | HELLANGE NA | ONU INSCRIT COLUMN | | |
| 1. Type of Well: | | | | EUNICE MONUMENT SOUTH UNIT | | |
| OIL | GAS | £ . | | | | |
| WELL 🔀 | WELL OTHER Inf | ection | | | | |
| 2. Name of Operator | | | 8. Well No. | | | |
| CHEVRON U.S.A. INC. | | | | 362 | | |
| 3. Address of Operator | | | | 9. Pool name or Wildcat | | |
| P.O. BOX 1150 MIDLAND, TX 79702 ATTN: NITA RICE | | | | EUNICE MONUMENT/GB-5/4 | | |
| 4. Well Location | | | | | | |
| Unit Letter B | 3 : 660 Feet From 7 | The NORTH Line and | 1980 | Feet From The EAST Lin | 16 | |
| Section 16 | Township | 21S Range | 36 E | NMPM LEA Co | ounty | |
| | 10. Eievat | ion(Show whether DF, RKB, RT, GR, etc | .) | | | |
| | | 3591 GR | | | | |
| 11 | Check Appropriate Boy to Indece | te Nature of Notice, Report, or Oth | ar Data | | | |
| | NTENTION TO: | SUBSEQUENT | | • | | |
| | ¬ | | 7 | - | | |
| PERFORM REMEDIAL WORK | PLUG AND ABANDON | REMEDIAL WORK | _ | ALTER CASING | | |
| TEMPORARILY ABANDON | CHANGE PLANS | COMMENCE DRILLING OPNS. | | PLUG AND ABAN. | | |
| PULL OR ALTER CASING | 7 | CASING TEST AND CMT JOB | | | | |
| OTHER: | - | OTHER: REPAIR CASING | ΙΕΔΚ | X | | |
| | | TIEL THE CHOING | CEAR | | | |
| | | | | <u> </u> | | |
| | ited Operations(Clearly state all pertinent di proposed work) SEE RULE 1103. | etails, and give pertinent dates, including | | | | |
| esticated date of starting any p | roposed Work) SEE NULE 1103. | | | | | |
| | | | | | | |
| WORK PERFO | DRMED 10-27 THRU 10-29- | 92 | | | | |
| RIH W/ PKR & RBP ON WS & TST CSG 3646-1211, ALL OK. | | | | | | |
| GIH W/TENSION PKR & TST CSG 1211-SURF, ALL CSG GOOD. DUG UP WELL HEAD | | | | | | |
| · | | | | | | |
| 7" CSG HAD TWO RISERS, COMMUNICATION WAS BETWEEN 2 RISERS. BULL PLUGGED | | | | | | |
| THE BOTTON | /I RISER, RETRIEVE RBP, GII | 1 W/BIT & TAG @ 3950, N | IO FILL. | | | |
| CIRC HOLE W | V/PKR FLU, TST CSG TO 32 | 5# F/30 MIN, LOST 5#, OI | C. TEST TBO | G TO 1500#, OK. | | |
| | UT THE PLUG @ 2300#. | · · · · · · · · · · · · · · · · · · · | | 2 10 1000%, 011. | | |
| | - | | | | | |
| RETURN WEL | L TO INJECTION | | | | | |
| | | | | | | |
| | | | | | | |
| | <u> </u> | and the state of t | | | | |
| I hereby certify that the information | | · - | ה אדר: | 10/20/02 | | |
| SIGNITURE | TITLE TITLE | TECHNICAL ASSISTANT | DATE: | 10/30/92 | | |
| . 55 - 5 | - · | | | (0.4E) 0.0E = : | | |
| TYPE OR PRINT NAME | NITA RICE | | TELEPHONE NO | . (915)687-7436 | | |
| Orig. | Signed by | | | | | |
| Pau | II Kanita | | | NOV 0 C too | | |
| APPROVED BY GO | TITLE TITLE | | DATE | NOV 0 6 '92 | | |
| CONDITIONS OF APPROVAL, IF A | NY; | | | | | |

RECEIVED
NOV 0 5 1992
OCD HOBBS OFFICE