

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department  
**OIL CONSERVATION DIVISION**

Form C-103  
Revised 1-1-89

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

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

API NO. (assigned by OCD on New Wells)	
30-025-04662	
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>	
6. State Oil & Gas Lease No. N/A	
7. Lease Name or Unit Agreement Name EUNICE MONUMENT SOUTH UNIT	
8. Well No. 362	
9. Pool name or Wildcat EUNICE MONUMENT/GB	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3591 GR	

**SUNDRY NOTICES AND REPORTS ON WELLS**  
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK  
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"  
(FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well:  
OIL ☐ GAS ☐  
WELL ☒ WELL ☐ OTHER ☐

2. Name of Operator  
CHEVRON U.S.A. INC.

3. Address of Operator  
P.O. BOX 1150 MIDLAND, TX 79702 ATTN: NITA RICE

4. Well Location  
Unit Letter B : 660 Feet From The NORTH Line and 1980 Feet From The EAST Line  
Section 16 Township 21S Range 36E NMPM LEA County

11 Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
<b>NOTICE OF INTENTION TO:</b>	<b>SUBSEQUENT REPORT OF:</b>
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CMT JOB <input type="checkbox"/>
OTHER: <u>REPAIR CSG LEAK</u> <input checked="" type="checkbox"/>	OTHER: <input type="checkbox"/>
PLUG AND ABANDON <input type="checkbox"/>	ALTER CASING <input type="checkbox"/>
CHANGE PLANS <input type="checkbox"/>	PLUG AND ABAN. <input type="checkbox"/>

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.

IT IS PROPOSED TO :  
RIH W/ PKR & RBP ON WS. LOCATE & ISOLATE CASING LEAK  
ESTABLISH INJECTION RATE & PRESSURE INTO LEAK, REPAIR CSG LEAK  
CLEAN OUT TO RBP, PRESS TST CSG TO 300 PSI. C/O TO TD 3950'.  
SET REDRESSED INJ PKR @ +3648, TST TBG TO 5000 PSI ABOVE SLIPS.  
DISP TBG/CSG ANN W/PKR FLU, TST TBG/CSG ANNULUS TO 300 PSI F/30 MIN.

RETURN WELL TO INJECTION

I hereby certify that the information above is true and complete to the best of my knowledge and belief.	
SIGNATURE <u>Nita Rice</u>	TITLE <u>TECHNICAL ASSISTANT</u>
DATE: <u>10/12/92</u>	
TYPE OR PRINT NAME <u>NITA RICE</u>	TELEPHONE NO. <u>(915)687-7436</u>
<b>ORIGINAL SIGNED BY RAY SMITH</b>	
APPROVED BY <u>RAY SMITH</u>	TITLE <u>MANAGER</u>
DATE <u>10/12/92</u>	
CONDITIONS OF APPROVAL, IF ANY:	