Submit 3 Copies to Appropriate

CONDITIONS OF APPROVAL, IF ANY:

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revisied 1-1-89

| District Office | OIL CO | | TION DIVISION | | | | |
|---|---|----------------------|---------------------------------------|-----------|---|------------------|--------------|
| DIGTDIGT : | C- | P.O. Bo | | 000 | | | |
| DISTRICT P.O. Box 1980, Hobbs, NM 8824 | | nta re, Nev | v Mexico 87504-2 | 880 | | | |
| DISTRICT II | | | | | API NO. (assigned by OCD on New Wells) | | |
| P.O. Drawer Dd, Artesia, NM 88210 | | | | | 30-025-04663 | | |
| DISTRICT III | | | | | 5. Indicate Type of Lease | | |
| 1000 Rio Brazos Rd., Aztec, Nm 87410 | | | | | STATE X FEE | | |
| | | | | | 6. State Oil & Ga | ss Lease No. | |
| SUNDRY NOTICES AND REPORTS ON WELLS | | | | | N/A | | |
| (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A | | | | | | | |
| DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" | | | | | 7. Lesse Name or Unit Agreement Name EUNICE MONUMENT SOUTH UNIT | | |
| | (FORM C-101) FOR SU | CH PROPOSAL | 5.) | | | | |
| Type of Well: OIL | GAS | | | | | | |
| WELL | WELL OTHE | R INJECT | ΓOR | | | | |
| 2. Name of Operator | | | · · · · · · · · · · · · · · · · · · · | | 8. Well No. | ., | - |
| CHEVRON U.S.A. INC. | | | | | 382 | | |
| P.O. BOX 1150 MIDLAND, TX 79702 ATTN: P.R. MATTHEWS | | | | | 9. Pool name or Wildcat EUNICE MONUMENT/GB-SA | | |
| 4. Well Location | 1 1400 | .n. waiin | EAA2 | | EUNICE MUI | NUMENT/GB-SA | |
| Unit Letter | | Feet From The | NORTH | Line and | | Feet From The WE | ST Line |
| Section 1 | 6 | Township | 215 Show whether DF, RKB, RT, G | Range | 36E | NMPM LEA | County |
| | | | 3594 GE | ., •, | | | |
| 11 | Check Appropriate Box t | o indecate Nati | ure of Notice, Report, or C | ther Data | | | |
| NOTICE OF | INTENTION TO: | | SUBSEQ | UENT REI | ORT OF: | | |
| PERFORM REMEDIAL WORK | PLUG AND ABANDON | | REMEDIAL WORK | |] | ALTER CASING | |
| TEMPORARILY ABANDON | CHANGE PLANS | | COMMENCE DRILLING OPNS | ļ | Į | PLUG AND ABAN. | |
| PULL OR ALTER CASING | | | CASING TEST AND CMT JOE | L |] | 205 | |
| OTHER: | | | OTHER: POLYMER | SQUEEZ | E THE PENRO | DSE. | X |
| 12. Describe Proposed or Comple | eted Operations(Clearly state all perti | nent details, and gi | ve pertinent dates, including | | | | |
| esticated date of starting any | proposed work) SEE RULE 1103. | | | | | | |
| IT IS PROP | OSED TO | | | | | | |
| | OLYMER MIXING EQUIP. | | | | | | |
| | CE WITH WATER AND SI | HIT IN FOR | 48 HOURS | | | | |
| | TO INJECTION. | 101 1147 011 | 40 HOOKS. | | | | |
| 0. 1.2. 01 | TO INDECTION. | | | | | | |
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| 1 | n above is true and complete to the b | | | | D.4.T.F. | 4.0.00 | |
| SIGNITURE | M. Mallen | TITLE | TECH. ASSISTANT | | DATE: | 1-9-92 | |
| TYPE OR PRINT NAME | P.R. MATTHEWS | | | | TELEPHONE NO. | (915)687-7812 | |
| | Orig. Signed by | | | | | | |
| APPROVED BY | Paul Kautz Geologist | TITLE | | | DATE | JAN 1 3 '9 | 12 |

CECEDED.

JAN 10 1992

am Moses omce