| Submit 3 Copies To Appropriate District Office | Energy, Minerals and Natural Resources onch Dr., Hobbs, NM 87240 OIL CONSERVATION DIVISION 2040 South Pacheco | | | Form C-103 Revised March 25, 1999 | | | |
|---|---|---------------|-------------------------|---|--|--|--|
| District I 1625 N. French Dr., Hobbs, NM 87240 District II 811 South First, Artesia, NM 87210 District III 1000 Rio Brazos Rd., Aztec, NM 87410 District IV | | | | WELL API NO. 30-025-04665 5. Indicate Type of Lease STATE FEE | | | |
| 2040 South Pacheco, Santa Fe, NM 87505 | | | | 6. State Oil & | k 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: | | | | 7. Lease Name or Unit Agreement Name: EINICE MONIMENT SOUTH UNIT | | | |
| Oil Well Gas Well Other INJECTOR | | | | | | | |
| 2. Name of Operator | | | | 8. Well No. | | | |
| Chevron U.S.A. Inc. 3. Address of Operator | | | | 9. Pool name or Wildcat | | | |
| P.O. Box 1150 Midland, TX 79702 | | | | EUNICE MONUMENT; GRAYBURG-SAN ANDRES | | | |
| 4. Well Location Unit Letter | 1980feet from the Township215 | | Range 36E | NMPM | et from theE | AST line | |
| | 10. Elevation (Show whe | ether l | DR, RKB, RT, GR, et | c.) | | | |
| 11. Check A NOTICE OF INT PERFORM REMEDIAL WORK TEMPORARILY ABANDON PULL OR ALTER CASING | Appropriate Box to Indi ENTION TO: PLUG AND ABANDON CHANGE PLANS MULTIPLE COMPLETION | cate | | SEQUENT | REPORT OF | G CASING ID | |
| OTHER: | | | OTHER: RAN ISOL | ATION ASSY | | x | |
| 12. Describe Proposed or Complete of starting any proposed work). or recompilation. | ed Operations (Clearly state SEE RULE 1103. For Mu | all politiple | ertinent details, and g | ive pertinent d | ates, including est ram of proposed c | imated date ompletion | |
| POH W/TBG & PKR. CO TO 3958'. RIH W/INFLATABLE PKR, TBG, PKR W/ON/OFF TOOL & TBG. SET J-LOCK PKR @ 3729'; SET INFLATABLE PKR @ 3870'. CIRC PKR FLUID. RAN MIT. RETURNED WELL TO INJECTION. WORK PERFORMED 3/30/01 - 4/2/01 | | | | | | | |
| | | · | | | | | |
| I hereby certify that the information above | e is true and complete to the b | est of | my knowledge and belie | ef | | | |
| SIGNATURE J.K. Riple | 4 | TITL | E REGULATORY O.A. | • | DATE | 4/19/01 | |
| Type or print name J. K. RIPLEY | V | | | Т | elephone No. (9 | 15) 687-7148 | |
| (This space for State use) | | | | | | , on the same of t | |
| APPROVED BY | | _ TIT | LE | . ¥ se | DATE | | |

