

C. CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501Form C-103
Revised 10-1-78

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DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
OPERATOR		

5a. Indicate Type of Lease	
State <input checked="" type="checkbox"/>	Fee <input type="checkbox"/>
5. 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.)OIL WELL ☐ GAS WELL ☐ OTHER- Injector

Name of Operator

Chevron U.S.A. Inc.

Address of Operator

P.O. Box 670 Hobbs, NM 88240

Location of Well

UNIT LETTER XJ 1980 FEET FROM THE South LINE AND 1980 FEET FROM
THE EAST LINE, SECTION 16 TOWNSHIP 21S RANGE 36E NMPM.

7. Unit Agreement Name

Eunice Monument South Unit

8. Farm or Lease Name

9. Well No.

402

10. Field and Pool, or Wildcat

Eunice Monument G/SA

15. Elevation (Show whether DF, RT, GR, etc.)

3601' GL

12. County
LeaCheck Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

FORM REMEDIAL WORK ☐
PERMANENTLY ABANDON ☐
OR ALTER CASING ☐PLUG AND ABANDON ☐
CHANGE PLANS ☐REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOBS ☐ALTERING CASING ☐
PLUG AND ABANDONMENT ☐OTHER Deepen and convert to injection ☒OTHER ☐

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.

Clean out to TD @ 3890. Deepen well from 3890 ' to 3966 '. Log well.
Add additional Grayburg perforations as logs indicate. Acidize as necessary.
Equip for injection. Test casing, packer, and tubing to 500 psi for 30 minutes.
Return to production as an injector.

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

SIGNED BY Jerry SextonTITLE Division Drilling ManagerDATE 9-9-1986ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

VERIFIED BY _____

TITLE _____

DATE SEP 11 1986

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED
SEP 10 1986
O.C.C.
HOBBS OFFICE