

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department
OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Form C-103
Revised 1-1-89

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) 30-025-04672	
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>	
6. State Oil & Gas Lease No. N/A	
7. Lease Name or Unit Agreement Name EUNICE MONUMENT SOUTH UNIT	
8. Well No. 411	
9. Pool name or Wildcat EUNICE MONUMENT GRAYBURG/SA	

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: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>			
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 K : 1980 Feet From The SOUTH Line and 1980 Feet From The WEST Line Section 18 Township 21 SOUTH Range 36E NMPM LEA County			
10. Elevation(Show whether DF, RKB, RT, GR, etc.) 3636 DF			

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

12. Describe Proposed or Completed Operations(Clearly state all pertinent details, and give pertinent dates, including indicated date of starting any proposed work) SEE RULE 1103.

WORK STARTED 05/09/94 RUN GR/CCL/CALIPER LOG FROM TD TO 3550'.SWAB.
TURNED WELL OVER TO PROD 05/16/94. MOVE BACK ON WELL 06/21/94.SWAB.
TURN WELL OVER TO PROD 06/23/94.

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

SIGNATURE *Wendi Kingston* TITLE **TECH. ASSISTANT** DATE: **08/01/94**
TYPE OR PRINT NAME **WENDI KINGSTON** TELEPHONE NO. **(915)687-7436**

ORIGINAL SIGNED BY *Jerry Severson*
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE **AUG 03 1994**
CONDITIONS OF APPROVAL, IF ANY: _____