

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

3a. 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 ☐ GAS ☐ OTHER- ☐

Operator

Chevron U.S.A. Inc.

Address of Operator

P. O. Box 670, Hobbs, NM 88240

Location of Well

T. LETTER H 1980 FEET FROM THE North LINE AND 660 FEET FROM
East LINE, SECTION 18 TOWNSHIP 21S RANGE 36E NMPM.

7. Unit Agreement Name
Eunice Monument South Unit
8. Farm or Lease Name
Eunice Monument South Unit
9. Well No.
<u>376</u>
10. Field and Pool, or Whidcat
Eunice Monument G-SA
12. County
Lea

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

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
ALTER CASING <input type="checkbox"/>		CASING TEST AND CEMENT JOBS <input type="checkbox"/>	
		OTHER <u>inspected for csg risers to surf</u> <input checked="" type="checkbox"/>	

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

Risers have been inspected by OCD personnel.

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

Jerry SextonTITLE New Mexico Area Supt.DATE 2-24-87ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

TITLE _____

DATE MAR 5 1987

OTHER APPROVAL, IF ANY: