

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form 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 ☐ Fee ☐

5. State Oil & Gas Lease No.

Federal

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- InjectorName of Operator
Chevron U.S.A. Inc.Address of Operator
P.O. Box 670 Hobbs, NM 88240

Location of Well

UNIT LETTER L 1980 FEET FROM THE South LINE AND 660 FEET FROMTHE West LINE, SECTION 17 TOWNSHIP 21S RANGE 36E NMPM.

7. Unit Agreement Name

Eunice Monument South Unit

8. Farm or Lease Name

9. Well No.

408

10. Field and Pool, or Wildcat

Eunice Monument G/SA

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

3666' RL12. County
Lea

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

NOTICE OF INTENTION TO:

FORM REMEDIAL WORK ☐PARTIALLY ABANDON ☐OR ALTER CASING ☐PLUG AND ABANDON ☐CHANGE PLANS ☐OTHER Deepen and convert to injection ☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐COMMENCE DRILLING OPNS. ☐CASING TEST AND CEMENT JOBS ☐OTHER ☐ALTERING CASING ☐PLUG AND ABANDONMENT ☐

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 @ 3955. Deepen well from 3955' to 4131'. 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.

R. SmithTITLE Division Drilling ManagerDATE 9-9-1986

ORIGINAL SIGNED BY JERRY SEXTON

TITLE DISTRICT 1 SUPERVISOR

TITLE

DATE SEP 11 1986

ADDITIONS OF APPROVAL, IF ANY:

RECEIVED
SEP 10 1986
HCBES-CC-PC-PC-PC

(November 1983)
(Formerly 9-331)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions on reverse side)

Expires August 31, 1985

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—" for such proposals.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER Injector	5. LEASE DESIGNATION AND SERIAL NO. <u>LC 031740-A</u>
2. NAME OF OPERATOR Chevron U.S.A. Inc.	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P.O. Box 670 Hobbs, NM 88240	7. UNIT AGREEMENT NAME Eunice Monument South Unit
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface Unit <u>L</u> , <u>1980</u> FSL & <u>660</u> FW	8. FARM OR LEASE NAME
14. PERMIT NO.	9. WELL NO. <u>408</u>
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <u>3666' GL</u>	10. FIELD AND POOL, OR WILDCAT Eunice Monument G/SA
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec <u>17</u> T21S R36E
	12. COUNTY OR PARISH Lea
	13. STATE NM

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) Deepen and convert to injection <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input type="checkbox"/>	

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

Clean out to TD @ 3955. Deepen well from 3955' to 4131'. 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.

18. I hereby certify that the foregoing is true and correct

SIGNED

[Signature]

TITLE Division Drilling Manager

DATE 9-9-1986

(This space for Federal or State office use)

APPROVED BY

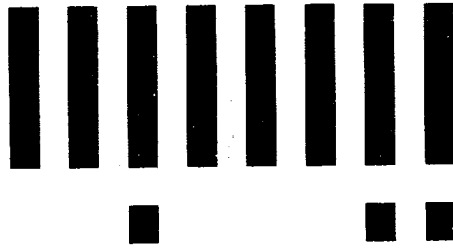
TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.



LTR



Job separation sheet

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
CHEVRON U.S.A. INC.
Address
P. O. Box 670, Hobbs, NM 88240

Reason(s) for filing (Check proper box)
☐ New Well
☐ Recompletion
☒ Change in Ownership
 Change in Transporter of:
☐ Oil
☐ Casinghead Gas
☐ Dry Gas
☐ Condensate
 Other (Please explain)
 Name Change Effective 7-1-85

If change of ownership give name and address of previous owner
 Gulf Oil Corp., P. O. Box 670, Hobbs, NM 88240

II. DESCRIPTION OF WELL AND LEASE

Lease Name <i>Eunice Monument South</i>	Well No. <i>408</i>	Pool Name, including Formation <i>Eunice Monument</i>	Kind of Lease State, Federal or Fee	Lease No.
Location Unit Letter <i>L</i> : <i>1980</i> Feet From The <i>South</i> Line and <i>660</i> Feet From The <i>West</i> Line of Section <i>17</i> Township <i>21S</i> Range <i>36E</i> , NMPM, <i>Lea</i> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> <i>Shell Pipeline</i>	Address (Give address to which approved copy of this form is to be sent) <i>Box 1910, Midland TX 79701</i>	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <i>Warren Petroleum</i>	Address (Give address to which approved copy of this form is to be sent) <i>Box 1589, Tulsa OK 74100</i>	
If well produces oil or liquids, give location of tanks. Unit <i>K</i> Sec. <i>8</i> Twp. <i>21S</i> Rge. <i>36E</i>	Is gas actually connected? <i>Yes</i>	When <i>Unknown</i>

If this production is commingled with that from any other lease or pool, give commingling order number:

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

R.D. Pite
(Signature)

Area Engineer
(Title)

5-31-85
(Date)

OIL CONSERVATION DIVISION

APPROVED *SEP 19 1985*
BY *James A. Linton*
TITLE DISTRICT 1 SUPERVISOR

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.