

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	

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 D 660 FEET FROM THE NORTH LINE AND 660 FEET FROM
THE 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.
368

10. Field and Pool, or WHdcat
Eunice Monument G/SA

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

3629' GL

12. 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 JOB ☐
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 @ 3900. Deepen well from 3900' to 4069'. 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.

[Signature]

TITLE Division Drilling Manager

DATE 9-9-1986

ORIGINAL SIGNED BY JERRY SEXTON

VED BY DISTRICT 1 SUPERVISOR

DITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

SEP 11 1986

RECEIVED
SEP 10 1986
CSCD
HOEBS OFFICE