Submit 3 Copies to Appropriate

## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revisied 1-1-89

District Office

## **OIL CONSERVATION DIVISION**

District Office	
P.O. Box 2088  DISTRICT I Santa Fe, New Mexico 87504-2088	
<u>516 (1.10)</u>	•
P.O. Box 1980, Hobbe, NM 88240 DISTRICT II	API NO. (sesigned by OCD on New Wells) 30-025-04698
P.O. Drawer Dd, Artesia, NM 88210	5. Indicate Type of Lease
DISTRICT III 1000 Rio Brezoe Rd., Aztec, Nm 87410	STATE X FEE
1000 Nib Brazos Nd., Aztec, Nili 67410	6. State Oil & Gas Lease No.
	2616
SUNDRY NOTICES AND REPORTS ON WELLS	
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"	7. Lease Name or Unit Agreement Name EUNICE MONUMENT SOUTH UNIT
(FORM C-101) FOR SUCH PROPOSALS.)	
1. Type of Well: OIL GAS	
WELL X WELL OTHER	
2. Name of Operator	8. Well No. 379
CHEVRON U.S.A. INC.	9. Pool name or Wildcat
3. Address of Operator P.O. BOX 1150 MIDLAND, TX 79702 ATTN: WENDI KINGSTON	EUNICE MONUMENT/GB/SA
4. Well Location	and 2310 Feet From The EAST Line
Section 17 Township 21S Ran	
10. Elevation(Show whether DF, RKB, RT, GR, etc	.)
3629'	Data Control of the C
11 Check Appropriate Box to Indecate Nature of Notice, Report, or Other NOTICE OF INTENTION TO: SUBSEQUEN	IT REPORT OF:
ROTICE OF INTERVIOLE TO	ALTER CASING
PERFORM REMEDIAL WORK	PLUG AND ABAN.
TEMPORALE ABANDON	
ICOLATION DOLVATOR TREAT	<u></u>
OTHER: ISOLATION POLYMER TREAT X	
12. Describe Proposed or Completed Operations(Clearly state all pertinent details, and give pertinent dates, including esticated date of starting any proposed work) SEE RULE 1103.	
MIRU. PERF F/3792'-3848'. SPOT 100 GALS 15% NFEFA ACROSS	PERFS.
FILL OH W/SD, CAP W/CACO3 FLOUR. PUMP 50 BBLS FW. PUMP 1	
5000 PPM AMRCIT. IF WELL DOES NOT CIRC, SPOT 200-300 GAL	
SET RBP @3870', SPOT 150 GALS 15% NEFEA ACROSS PERFS 37	
	32 -3540 .
RDMO.	
2	
Thereby certify that the information above actions and complete to the best of my knowledge and belief.	DATE: 09/28/95
SIGNITURE TECH. ASSISTANT	
TYPE OR PRINT NAME WENDI KINGSTON	TELEPHONE NO. (915)687-7826
APPROVED BY DISTRICT I SUPERVISOR TITLE	
APPROVED BY TOTAL STOPPEN SOR TITLE	DATE NOV 2 0 1005
CONDITIONS OF APPROVAL, IF ANY:	110 F W - 1000