

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

<p align="center">SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)</p>		API NO. (assigned by OCD on New Wells) 30-025-04740
		6. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
1. Type of Well: OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER INJECTION		6. State Oil & Gas Lease No. N/A
2. Name of Operator CHEVRON U.S.A. INC.		7. Lease Name or Unit Agreement Name EUNICE MONUMENT SOUTH UNIT
3. Address of Operator P.O. BOX 1150 MIDLAND, TX 79702 ATTN: NITA RICE		8. Well No. 438
4. Well Location Unit Letter B : 660 Feet From The NORTH Line and Section 21 : 21S Township 36E Range 1980 Feet From The EAST Line County		9. Pool name or Wildcat EUNICE MONUMENT/GB-SA
10. Elevation(Show whether DF, RKB, RT, GR, etc.) 3621' GR		

11 Check Appropriate Box to Indecate 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: REPAIR CASING LEAK <input checked="" type="checkbox"/>	

12. 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.

WORK PERFORMED 11-17 THRU 11-23-92
ND WH, NU BOP. RLS PKR @ 3716, SHEARED @ 59000#/ POH W/TBG, LD PKR.
RIH W/PKR & RBP, TSTG WS TO 5000 PSI. SET RBP @ 3716', SET PKR @ 3697', TST TO 1000#,
LOCATE CSG LEAK 1547-1628'. DUMP 2 SX SD ON RBP, POH & LD PKR. SET CIGR @ 1530'.
PMP 75 SX CL-C, SQZ TO FINAL PRES OF 1650 PSI. SWI WOC AFTER SQZ. RIH & TAG
TOP OF CMT @ 1529, DRL & FELL OUT OF CMT @ 1622'. PRESS UP TO 320# F/30 MINS.
WSH SD OFF RBP, POH & LD RBP, ND BOP, NU WH, TST CSG TO 300#, OK. PUT WELL
ON INJECTION. FINAL REPORT

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

SIGNATURE Nita Rice TITLE TECHNICAL ASSISTANT DATE: 12/7/92

TYPE OR PRINT NAME NITA RICE TELEPHONE NO. (915)687-7436

ORIGINAL SIGNED BY JERRY SEXTON

APPROVED BY DISTRICT I SUPERVISOR TITLE _____ DATE DEC 10 1992

CONDITIONS OF APPROVAL, IF ANY: _____