

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

WELL API NO. 30-025-04740

5. Indicate Type of Lease  
STATE ☒ FEE ☐

6. State Oil & Gas Lease No. N/A

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.)

7. Lease Name or Unit Agreement Name  
EUNICE MONUMENT  
SOUTH UNIT

1. Type of Well:  
OIL WELL ☐ GAS WELL ☐ OTHER INJECTOR

2. Name of Operator  
CHEVRON U.S.A. INC.

8. Well No. 438

3. Address of Operator  
P.O. BOX 1150 MIDLAND, TX 79702 ATTN: P.R. MATTHEWS

9. Pool name or Wildcat  
EUNICE MONUMENT 21B-8A

4. Well Location  
Unit Letter B : 660 Feet From The NORTH Line and 1980 Feet From The EAST Line

Section 21 Township 21S Range 36E NMPM LEA County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)  
3621 GE

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data  
NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐  
TEMPORARILY ABANDON ☐  
PULL OR ALTER CASING ☐

PLUG AND ABANDON ☐  
CHANGE PLANS ☐

OTHER: POLYMER SQUEEZE

☒

SUBSEQUENT REPORT OF:

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

OTHER: ☐

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.

IT IS PROPOSED TO:

PERFORM A POLYMER SQUEEZE IN THE PENROSE GRAYBURG ZONE 1 PAY.  
IF THE POLYMER SQUEEZE IS NOT SUCCESSFUL THEN A CEMENT SQUEEZE WILL BE NEEDED.  
THIS WORK IS NEEDED TO IMPROVE THE SWEEP EFFICIENCY IN THE SUPPORTED PATTERN.

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

SIGNATURE P.R. Matthews TITLE TECHNICAL ASSISTANT

DATE 2-14-92

TYPE OR PRINT NAME P.R. MATTHEWS

TELEPHONE NO. 687-7812

(This space for State Use) ORIGINAL SIGNED BY JERRY SEXTON

DISTRICT SUPERVISOR

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_

DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

FEB 17 1992

**RECEIVED**

**FEB 17 1992**

**OCD HOBBS OFFICE**