

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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.

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 F 1980 FEET FROM THE North LINE AND 1980 FEET FROM
West 22 TOWNSHIP 21S RANGE 36E NMPM.

7. Unit Agreement Name

Eunice Monument South Unit

8. Farm or Lease Name

9. Well No.

446

10. Field and Pool, or Wildcat

Eunice Monument G/SA

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

3612' GL

12. County

Lea

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

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

SUBSEQUENT REPORT OF:

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

Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 103.

Clean out to TD @ 3890'. Deepen well from 3890' to 3962'. 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.

M.E. Abim

TITLE Staff Drilling Engineer

DATE 1-6-1987

ORIGINAL SIGNED BY JERRY SEXTON

DISTRICT 1 SUPERVISOR

SIGNED BY

TITLE

DATE JAN 8 1987

CONDITIONS OF APPROVAL, IF ANY: