

Submit 3 Copies to Approving District Office

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

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

DISTRICT I P.O. Box 1980, Hobbs, NM 88240

DISTRICT II P.O. Drawer 00, Artesia, NM 88210

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

WELL API NO. 30-025-04758
Indicate Type of Lease STATE [X] FEED []
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.)

1. Type of Well: OIL WELL [X] GAS WELL [] OTHER

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

3. Address of Operator 15 Smith Rd. Midland TX 79702 PO Box 1150

4. Well Location Unit Lease A : 660 Feet From The North Line and 660 Feet From The EAST Section 22 Township 21 S Range 36 E NMPM LEA

7. Lease Name or Unit Agreement Name EUNICE MONUMENT South Unit

8. Well No. 433

9. Pool Name or Widened EUNICE MONUMENT G/SA

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

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data. NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK [] PLUG AND ABANDON [] TEMPORARILY ABANDON [] CHANGE PLANS [] PULL OR ALTER CASING [] OTHER [] SUBSEQUENT REPORT OF: REMEDIAL WORK [] ALTERING CASING [] COMMENCE DRILLING OPNS. [] PLUG AND ABANDONMENT [] CASING TEST AND CEMENT JOB [] OTHER: SP2 OH W/ DRAINER & CEMENT TO SHUT OFF WATER

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.

Spot 4500# ss in open hole TAG SAND and 3840 dump barrel 25% cement to cap. tag toe @ 3825 dumped add 45x toe @ 3818 set CIRC @ 3700 pumped 380 bbls polymer 5920 118 sk cement into formation D/O CIRC D/O CIRC 3687 TIH to cement cap @ 3807 CIRC CLEAN D/O CEMENT + SAND 3807 to 3786 RUN RODS + pump. Work started 8/21/90 ENDED 8/30/90

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

SIGNATURE M. E. Abnis 9/5/90 TITLE Delq. Supt. DATE 9/5/90

TITLE OR PRINT NAME TELEPHONE NO.

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY.