

Submit 3 Copies
to Appropriate
District Offices

State of New Mexico
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
310 Old Santa Fe Trail, Room 206
Santa Fe, New Mexico 87503

WELL API NO.

30-025-08702

5. Indicate Type of Lease

STATE ☐

FEE ☒

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

EUNICE MONUMENT SOUTH
UNIT

8. Well No.

253

9. Pool name or Wildcat

EUNICE MONUMENT; GRAYBURG-SA

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 ☐

GAS WELL ☐

OTHER INJECTOR

2. Name of Operator

CHEVRON U.S.A., INC.

3. Address of Operator

P. O. BOX 1150 MIDLAND, TX 79702

4. Well Location

Unit Letter X : 660 Feet From The SOUTH Line and 660 Feet From The EAST Line

Section 6

Township 21S

Range 36E

NMPM

LEA

County

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

3586'

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 ABANDON ☐

CASING TEST AND CEMENT JOB ☐

OTHER: ☐

12. Describe Proposed or Completed Operations
(work) SEE RULE 1103.

(Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed

POH W/INJ PKR. TAGGED TD @ 4036'. RIH W/ISOLATION ASSEMBLY TO 3780'; SPOTTED PKR
ON DEPTH DROP BALL, LET FALL. LOAD & PRESS TBG TO 1000#; PIP PKR SET @ 3836',
FH PKR SET @ 3664'. LOADED CSG, TSTD CSG & PKR TO 300# - OK. RIH W/TBG TO
3838', TSTG TO 3000#. CIRC PKR FLUID. RIH W/FH PKR TO 3668', PIP PKR TO 3832'.
RAN MIT.

WORK PERFORMED 2/25/00 - 2/29/00

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

SIGNATURE

J. K. Ripley

TITLE REGULATORY O.A.

DATE 05/23/2000

TYPE OR PRINT NAME J. K. RIPLEY

TELEPHONE NO. (915)687-7148

(This space for State Use)

APPROVED BY

TITLE

FIELD REPRESENTATIVE I

DATE

5 0 2000

CONDITIONS OF APPROVAL, IF ANY:

JCS

