Submit 3 Copies to Appropriate

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revisied 1-1-89

District Office		OI	L CONSERV <i>A</i>	ATION [	DIVISION	ļ					
			P.O. B	lox 2088							
DISTRICT I	Hobbs, NM 88240		Santa Fe, Ne	w Mexic	o 87504-2	2088					
P.O. Box 1980, Hobbs, NM 88240 <u>DISTRICT II</u> P.O. Drawer Dd, Artesia, NM 88210							API NO. (assigned by OCD on New Wells) 30-025-08702				
DISTRICT III							5. Indicate T	ype of Lease	X FEE		
1000 Rio Brazos	Rd., Aztec, Nm 874	10					6 State Oil	& Gas Lease No.	<u> </u>		
							E-230	u 000 20000 110.			
			ES AND REPORT								
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"								7. Lease Name or Unit Agreement Name EUNICE MONUMENT SOUTH UNIT			
		(FORM C-101)	FOR SUCH PROPOSA	LS.)	·····		-				
1. Type of We	EH:	GAS	OTHER INJEC	TOR							
WELL 2. Name of Op		WELL	OTHER INGL				8. Well No.				
	CHEVRON U.	S.A. INC.					9. Pool name	253 e or Wildcet			
	1150 MIDLAN	D, TX 79702 A	TTN: WENDI KIN	GSTON			1	MONUMENT/GB	3/SA		
4. Well Location Unit Letter	n	<u>X</u> :	660 Feet From TI		SOUTH	Line and	-	60 Feet From The	EAST	Line	
Section	6 		Township	21S	er DF, RKB, RT,	Range GR. etc.)	36E	NMPM	LEA	County	
					3586'						
11	NOTICE OF I	Check Appropria	ate Box to Indecate N	ature of Noti			PORT OF:				
PERFORM REM		PLUG AND ABAN	DON 🗍	REMEDIAL			7	ALTER CASING		П	
TEMPORARILY		CHANGE PLANS		COMMENC	E DRILLING OPN	ıs.	7	PLUG AND ABAI	٧.		
PULL OR ALTER	R CASING		<del></del>	CASING TI	ST AND CMT JO	DB					
OTHER:	CLEAN OUT/	STIM		OTHER:	<del>,</del>					X	
			te all pertinent details, and	give pertinent	dates, including				<del> </del>		
		posed work) SEE RULE				-					
			4: RU SLICKLIN		AG FILL AT	TD.					
			% NEFEA/UNISO	L.							
	TURN WE	LL OVER TO PR	OD 10/12/94.								
	9 /	00/		<u></u>							
I hereby certify SIGNITURE	that the interfection	box and complete the complete t	TITLE		ASSISTAN	IT	DATE:	11/29/94			
TYPE OR PRIN	T NAME	WENDI KING	STON				TELEPHONE	no. (915)687-	7826		
	Gi.		NY JERRY SEXT	NC.				DEC 01 19	101		
AFPROVED BY	OF APPROVAL, IF AN		\$₩₹₽VIS <b>ΩÆ</b>				DATE	250 81 6	) <del>]4</del>		

OFFICE

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## State of New Mexico Energy, Minerals and Natural Resources Department OIL CONSERVATION DIVISION

Form C-103 Revisied 1-1-89

District Office

P.O. Box 2088

Santa Fo. Now

DISTRICT   Santa Fe, New Mexico 87504-	2088								
P.O. Box 1980, Hobbs, NM 88240									
DISTRICT II P.O. Drawer Dd, Artesia, NM 88210	API NO. (assigned by OCD on New Welle) 30-025-08702								
DISTRICT III	5. Indicate Type of Lease								
1000 Rio Brazoe Rd., Aztec, Nm 87410	STATE X FEE								
	6. State Oil & Gas Lease No.								
	E-230								
SUNDRY NOTICES AND REPORTS ON WELLS									
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BAG DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"	CK TO A  7. Lease Name or Unit Agreement Name EUNICE MONUMENT SOUTH UNIT								
(FORM C-101) FOR SUCH PROPOSALS.)									
1. Type of Well:									
OIL GAS WELL OTHER INJECTOR									
WELL OTHER INJECTOR  2. Name of Operator	0.000								
CHEVRON U.S.A. INC.	8. Well No. 253								
P.O. BOX 1150 MIDLAND, TX 79702 ATTN: NITA RICE	8. Pool name or Wildcat EUNICE MONUMENT/GB/SA								
4. Well Location Unit Letter X: 660 Feet From The SOUTH	Line and 660 Feet From The EAST Line								
Section 6 Township 21S	Renge 36E NMPM LEA County								
10. Elevation(Show whather DF, RKB, RT,									
3586'									
11 Check Appropriate Box to Indecate Nature of Notice, Report, or									
NOTICE OF INTENTION TO: SUBSEC	QUENT REPORT OF:								
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK	ALTER CASING								
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPN	S. PLUG AND ABAN.								
PULL OR ALTER CASING CASING TEST AND CMT JO	DB B								
OTHER: CLEAN OUT/STIM X OTHER:									
12. Describe Proposed or Completed Operations(Clearly state all pertinent details, and give pertinent dates, including	7.78								
esticated date of starting any proposed work) SEE RULE 1103.									
WE PROPOSE TO: RU SLICKLINE UNIT. TAG FILL AT TD. IF FIL									
TD, THEN CLEAN OUT WITH COILED TBG. ACDZ W/ 6000 GALS 15% NEFEA/UNISOL.									
TURN WELL OVER TO PROD.									
I hereby certify that the information should in this act complete to the heat of my knowledge and helicid									
I hereby certify that the information above in the end complete to the best of my knowledge and belief.  SIGNITURE  TITLE  TECH. ASSISTAN	T DATE: 08/31/94								
TYPE OR PRINT NAME WENDI KINGSTON	T DATE: 08/31/94  TELEPHONE NO. (915)687-7826								
TITLE TECH. ASSISTANT TYPE OR PRINT NAME WENDI KINGSTON	TELEPHONE NO. (915)687-7826								
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