

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. 30-025-08705
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. 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 ☒ GAS WELL ☐ OTHER ☐

2. Name of Operator  
Chevron USA Inc.

3. Address of Operator  
P. O. Box 1949 Eunice, NM 88231

4. Well Location  
Unit Letter M : 3300 Feet From The South Line and 600 Feet From The West Line

Section 6 Township 21S Range 36E NMPM

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

7. Lease Name or Unit Agreement Name  
Eunice Monument South Unit

8. Well No. 220

9. Pool name or Wildcat  
Eunice Monument Grbg. Is. A.

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: ☐

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.

11/14/97 Casing integrity and braden head tests were conducted on this well.  
No pressure was found on any bradenheads. Casing was tested to 525 psig.  
for 20 minutes and held.

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

SIGNATURE Roy L. Coor TITLE Instrument Tech. DATE \_\_\_\_\_  
TYPE OR PRINT NAME Roy Coor TELEPHONE NO. \_\_\_\_\_

(This space for State Use)

ORIGINAL SIGNED BY  
GARY WINK  
FIELD REP. II

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE DEC 09 1997

CONDITIONS OF APPROVAL, IF ANY: