

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.	
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>	
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name <u>Eunice Monument South Unit</u>	
8. Well No. <u>426</u>	
9. Pool name or Wildcat <u>Eunice Monument Grayburg S/A</u>	

**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 <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER - WIW
2. Name of Operator <u>Chevron U.S.A., Inc.</u>
3. Address of Operator <u>P.O. Box 670, Hobbs, New Mexico 88240</u>
4. Well Location Unit Letter <u>N</u> : <u>660</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>West</u> Line Section <u>15</u> Township <u>21S</u> Range <u>36E</u> NMPM Lea County
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: Cellar Inspection ☒

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.

Dug up cellar and repiped the casing valve to surface.

Inspected by OCD representative 1-5-89.

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

SIGNATURE C. L. Morrill TITLE NM Area Prod. Supt. DATE 1-30-89

TYPE OR PRINT NAME C. L. Morrill

TELEPHONE NO. 505-393-4121

(This space for State Use)

APPROVED BY

**OIL & GAS INSPECTOR**

**FEB 02 1989**

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

RECEIVED FEB 1 1989

RECEIVED  
FEB 1 1989  
OCD  
HOBBS OFFICE