

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.	30-025-20202
5. Indicate Type of Lease	STATE ☒ FEE ☐
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 ☐	7. Lease Name or Unit Agreement Name Eunice Monument South Unit
2. Name of Operator Chevron U.S.A. Inc.	8. Well No. 367
3. Address of Operator P.O. Box 670, Hobbs, NM 88240	9. Pool name or Wildcat Eunice Monument G/SA
4. Well Location Unit Letter <u>C</u> : <u>660</u> Feet From The <u>North</u> Line and <u>2306</u> Feet From The <u>West</u> Line Section <u>17</u> Township <u>21S</u> Range <u>36E</u> NMPM Lea County 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3633' GL	

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK ☐	REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐	ALTERING CASING ☐
PULL OR ALTER CASING ☐	COMMENCE DRILLING OPNS. ☐
OTHER: ☐	PLUG AND ABANDONMENT ☐
	CASING TEST AND CEMENT JOB ☐
	OTHER: Cmt Sqz Zone 1 of Grayburg ☒

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.

MIRU PU, REL TAC TAG BTM, POH SLM & PBTD @ 4064 RUN GR/CCL & CALIP LOG FR/4067-3760 CALIP SHOWED TIGHT SPOT IN CSG FR 3878-3856 PU 4 1/2" SWEDGE TIH DID NOT ENCOUNTER ANY TIGHT SPOT, POH PU 2-4 1/4" TAM "J" STRADDLE PKRS W/97' SPACING BETWEEN RUBBER TIH W/ PKRS RAN GR/CCL SPOT PKRS ON DEPTH, INFLATE PKRS OK REL ON/OFF TOOL POH, TIH W/PROD TBG W/TAC @ 3727 SN @ 3738 EOT @ 3818 RAN PMP & RODS LOAD TBG TO 500 PSI OK LEFT WELL PMPG TURN WELL OVER TO PROD 5-13-90.

WORK STARTED & ENDED 5-13-90

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

SIGNATURE M. E. Akins 5/16/90 TITLE Staff Drlg. Engr. DATE 5-15-90
TYPE OR PRINT NAME M. E. Akins TELEPHONE NO. 393-4121

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE **MAY 21 1990**

CONDITIONS OF APPROVAL, IF ANY: