

Submit 3 Copies To Appropriate District
Office
District I
1625 N. French Dr., Hobbs, NM 87240
District II
811 South First, Artesia, NM 87210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
2040 South Pacheco, Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103

Revised March 25, 1999

OIL CONSERVATION DIVISION
2040 South Pacheco
Santa Fe, NM 87505

WELL API NO.

30-025-21251

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.

258

9. Pool name or Wildcat

EUNICE MONUMENT; GRAYBURG-SAN ANDRES

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 INJECTION

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 U : 940 feet from the SOUTH line and 940 feet from the WEST line

Section 4 Township 21S Range 36E NMPM County LEA

10. Elevation (Show whether DR, 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 ☐ MULTIPLE COMPLETION ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: CONVERTED TO INJECTION ☒

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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

POH W/PROD EQPT. TAGGED CIBP @ 3827'. WORKED SCRAPER 3529'-3654'. RIH W/INJ
TBG & PKR; PKR @ 3637'. RAN MIT. RETURNED WELL TO INJECTION.

WORK PERFORMED 1/6/00 - 1/7/00

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 1/19/00

Type or print name J. K. RIPLEY Telephone No. (915) 687-7148

(This space for State use)

APPROVED BY FOR RECORD ONLY TITLE _____ DATE _____

Conditions of approval, if any:

Chevron USA EMSU # 258

4 1/2" X 2 3/8" MIT

360 Psi For 17 Min BY Star Tool

Kenny Kennedy 1-7-00

GA

Chevron USA EMSU # 258
4 1/2" X 2 3/8" MIT

360 PSI For 17 Min BY Star Tool

Handwritten signature

1-7-00

CALIBRATED
CHARTS

MI-90-1000-8 96MIN

START

96 MIN

88 MIN

80 MIN

72 MIN

72 MIN

68 MIN

56 MIN

48 MIN

40 MIN

44-38861-123456

1998

1441