ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-7

5a. Indicate Type of Lease: State [X] Fee [ ]

5. 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.)

OIL WELL [ ] GAS WELL [ ] OTHER- Injector

7. Unit Agreement Name: Eunice Monumnet South Unit

1. Name of Operator: Chevron U.S.A. Inc.

8. Farm or Lease Name:

2. Address of Operator: P.O. Box 670 Hobbs, NM 88240

9. Well No.: 424

4. Location of Well: UNIT LETTER P, 760 FEET FROM THE South LINE AND 660 FEET FROM

10. Field and Pool, or Wildcat: Eunice Monument GB-SA

THE East LINE, SECTION 16 TOWNSHIP 21S RANGE 36E NMPM.

15. Elevation (Show whether DF, RT, GR, etc.): 3608' GL

12. County: Lea

6. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK [ ]	PLUG AND ABANDON [ ]	REMEDIAL WORK [ ]	ALTERING CASING [ ]
TEMPORARILY ABANDON [ ]		COMMENCE DRILLING OPNS. [ ]	PLUG AND ABANDONMENT [ ]
PULL OR ALTER CASING [ ]	CHANGE PLANS [ ]	CASING TEST AND CEMENT JOB [ ]	
OTHER Add Perfs and convert to Injector [X]		OTHER [ ]	

7. 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.

Drillout CICR @ 3799 and CIBP @ 3880'. Clean out to PBTD @ 4058'. Add perforations from 3850'-4028'. Acidize as necessary. Equip for injection. Test tubing, casing, and packer to 500 psi for 30 minutes. Return well to production for injection service.

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

SIGNED Myle L. Merkley TITLE Division Drilling Manager DATE 5-23-1986

APPROVED BY ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR TITLE _____ DATE MAY 28 1986

CONDITIONS OF APPROVAL, IF ANY: