

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department  
**OIL CONSERVATION DIVISION**  
P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

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

API NO. (assigned by OCD on New Wells) <b>30-025-04563</b>	
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>	
6. State Oil & Gas Lease No. <b>E-230</b>	
7. Lease Name or Unit Agreement Name <b>EUNICE MONUMENT SOUTH UNIT</b>	
8. Well No. <b>285</b>	
9. Pool name or Wildcat <b>EUNICE MONUMENT/GB/SA</b>	

**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 ☐ GAS ☐  
WELL ☐ WELL ☐ OTHER ☐ INJECTOR ☐

2. Name of Operator  
**CHEVRON U.S.A. INC.**

3. Address of Operator  
**P.O. BOX 1150 MIDLAND, TX 79702 ATTN: NITA RICE**

4. Well Location  
Unit Letter **D** : **990** Feet From The **NORTH** Line and **330** Feet From The **WEST** Line  
Section **8** Township **21S** Range **36E** NMPM **LEA** County

10. Elevation(Show whether DF, RKB, RT, GR, etc.)  
**3582'**

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: **CLEAN OUT/STIM** ☒

**SUBSEQUENT REPORT OF:**

REMEDIAL WORK ☐ ALTER CASING ☐  
COMMENCE DRILLING OPNS. ☐ PLUG AND ABAN. ☐  
CASING TEST AND CMT 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.

**WE PROPOSE TO: RU SLICKLINE UNIT. TAG FILL AT TD. IF FILL IS ABOVE  
TD, THEN CLEAN OUT WITH COILED TBG. ACDZ W/ 4000 GALS 15% NEFEA/UNISOL.  
TURN WELL OVER TO PROD.**

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

SIGNATURE *Wendi Kingston* TITLE **TECH. ASSISTANT**

DATE: **08/31/94**

TYPE OR PRINT NAME **WENDI KINGSTON**

TELEPHONE NO. **(915)687-7826**

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_

DATE **SEP 02 1994**

CONDITIONS OF APPROVAL, IF ANY: