

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)			
30-025-24857			
6. Indicate Type of Lease			
STATE	<input type="checkbox"/> FEE <input checked="" type="checkbox"/>		
8. State Oil & Gas Lease No.			
N/A			
7. Lease Name or Unit Agreement Name			
EUNICE MONUMENT SOUTH UNIT			
8. Well No.			
432			
9. Pool name or Wildcat			
EUNICE MONUM. GRAYBURG/PENROS			
660	Feet From The	EAST	Line
36E	NMPM	LEA	County

**SUNDRY NOTICES AND REPORTS ON WELLS**  
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK  
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"  
(FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well:	
OIL WELL <input checked="checked" type="checkbox"/>	GAS WELL <input type="checkbox"/> OTHER
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	P : 660 Feet From The SOUTH Line and
Section 14	Township 21S Range
10. Elevation(Show whether DF, RKB, RT, GR, etc.) 3555 KB	

11		Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
<b>NOTICE OF INTENTION TO:</b>		<b>SUBSEQUENT REPORT OF:</b>	
PERFORM REMEDIAL WORK	<input type="checkbox"/>	PLUG AND ABANDON	<input type="checkbox"/>
TEMPORARILY ABANDON	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>		
OTHER:	<input type="checkbox"/>		
		REMEDIAL WORK	<input type="checkbox"/>
		COMMENCE DRILLING OPNS.	<input type="checkbox"/>
		CASING TEST AND CMT JOB	<input type="checkbox"/>
		OTHER:	<input checked="" type="checkbox"/>
		DEEPEN SAME ZONE	

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.

WORK STARTED 03/31/94. MIRU ND WH, NU BOP. DRILL F/3823'-4004'.  
 RUN SPECTRAL Pe DENSITY GAMMA RAY CCL TO TD. SPOT ACID W/4000 GALS 15% HCL.  
 SWAB. PERF F/3764'-3680'. ACDZ PERFS W/2000 GALS 15% HCL. SWAB.  
 ND BOP, NU WH, RD. TURN WELL OVER TO PRODUCTION 04/12/94.

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: 04/28/94

TYPE OR PRINT NAME WENDI KINGSTON TELEPHONE NO. (915)687-7436

ORIGINAL SIGNED BY JERRY SEXTON

APPROVED BY \_\_\_\_\_ TITLE DISTRICT SUPERVISOR DATE MAY 02 1994

CONDITIONS OF APPROVAL IF ANY:

RECEIVED

APR 27 1951

OFFICE