Submit 3 Copies to Appropriate

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revisied 1-1-89

District Office

OIL CONSERVATION DIVISION

District Office OTL COTA	SERVATION DIVISION		
_	P.O. Box 2088		
DISTRICT Santa	Fe, New Mexico 87504-2088		
P.O. Box 1980, Hobbs, NM 88240		F	
DISTRICT II		API NO. (sesigned by OCD on New Wells)	
P.O. Drawer Dd, Artesia, NM 88210		30-025-24857	
DISTRICT III 1000 Rio Brezoe Rd., Aztec, Nm 87410		5. Indicate Type of Leas STATE	· — — 1
		6. State Oil & Gas Leas	e No.
CUMPRY MOTICES AND DEPORTS ON MELLS		N/A	
SUNDRY NOTICES AND REPORTS ON WELLS			
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACI DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"		K 7. Lesse Name or Unit Agreement Name EUNICE MONUMENT SOUTH UNIT	
(FORM C-101) FOR SUCH PROPOSALS.)		LOWICE MICHARIA	ENT SOUTH ONLY
1. Type of Well:		-	
OIL GAS			
WELL X WELL OTHER			İ
2. Name of Operator		8. Well No.	
CHEVRON U.S.A. INC.		432	
		9. Pool name or Wildcat	
O. BOX 1150 MIDLAND, TX 79702 ATTN: NITA RICE EUNICE MONUMENT GRA		ENT GRAYBURG/PENROSE	
	t From The SOUTH Line and	660 Feet Fro	om The EAST Line
44	vnship 21 SOUTH Range	36E NMPM	LEA County
10	. Elevation(Show whether DF, RKB, RT, GR, etc		
	3555 KB		
	ndecate Nature of Notice, Report, or Oth	ner Data	
NOTICE OF INTENTION TO:	SUBSEQUENT	REPORT OF:	
PERFORM REMEDIAL WORK PLUG AND ABANDON	REMEDIAL WORK	ALTER (ASING
TEMPORARILY ABANDON CHANGE PLANS	COMMENCE DRILLING OPNS.	PLUG A	ND ABAN.
PULL OR ALTER CASING	CASING TEST AND CMT JOB		
OTHER: DEEPEN X	OTHER:	_	
			
12. Describe Proposed or Completed Operations(Clearly state all per	tinent details, and give pertinent dates, including		
esticated date of starting any proposed work) SEE RULE 1103.			
MIDLE DIE NID WILL BULLDOD, CHELSEI	4 2 /4 1 DD C DIT D / C CLIT 5 / C C		
MIRU PU, ND WH, NU BOP. GIH W/			
DEEPEN WELLBORE F/3825'-3990'.			
ACDZ OH 3825'-3990' W/4000 GA			/AB BACK.
PERF 3669'-3680',3692'-3712',37			
SET RBP @3795'. SPOT 150 GAL 1	5% HCL ACROSS PERFS. ACD	Z PERFS W/2000 (SAL 15% HCL.
FLOW/SWAB BACK. POH W/RBP, P			
I berefy certify that the information shows in the and sometimes	boot of my knowledge and built		
I hereby certify that the information above introduced complete to the SIGNITURE	E TECH. ASSISTANT	DATE: 03/23	2101
- Living Sygn	TECH. ADDISTANT	DATE: 03/23	7/34
TYPE OR PRINT NAME WENDI KINGSTON		TELEPHONE NO. (915)	687-7826
		10.10/	33. 7020
APPROVED BY	RIGINAL SIGNED BY JERRY SEX	TON MAR	0 2 4001
APPROVED BY TITL	E DISTRICT SUPERVISOR	DATE MAK	25 1994

والمجمور المرارية المحادث

CONDITIONS OF APPROVAL, IF ANY:

P. Carlotte

MAR 2 - 984