

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. 30-025-29615
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. 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.)	
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other INJECTOR	7. Lease Name or Unit Agreement Name: EUNICE MONUMENT SOUTH UNIT
2. Name of Operator Chevron U.S.A. Inc.	8. Well No. 211
3. Address of Operator P.O. Box 1150 Midland, TX 79702	9. Pool name or Wildcat EUNICE MONUMENT; GRAYBURG-SAN ANDRES
4. Well Location Unit Letter L : 3508 feet from the NORTH line and 410 feet from the WEST line Section 4 Township 21S Range 36E NMPM County LEA	
10. Elevation (Show whether DR, RKB, RT, GR, etc.) 3584'	

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPLETION <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: CLEANED OUT, ACZD <input checked="" type="checkbox"/>	

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 recompilation.

WASHED THRU PERFS 3736'-3848'; MADE 2 PASSES, CIRC 2 TIMES BOTTOMS UP. PPD FOAM DOWN BACKSIDE, WHEN FOAM REACHED 3754', STARTED PPG ACID. ACZD 3754'-3850' W/1008 GALS 15% NEPE HCL. SI WELL 30 MIN TO LET ACID SPEND. FLOWED DOWN; JETTED WELL W/N2. RETURNED WELL TO INJECTION.

WORK PERFORMED 11/18/99

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 1/27/00
Type or print name J. K. RIPLEY Telephone No. (915)687-7148

(This space for State use)

APPROVED BY _____
Conditions of approval, if any:

ORIGINAL SIGNED BY
GARY W. WINKLE
OC FIELD REPRESENTATIVE II/STAFF MANAGER

DATE **FEB 11 2003**