

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)

30-025-29615

5. Indicate Type of Lease

STATE



FEE



6. State Oil & Gas Lease No.

E-230

7. Lease Name or Unit Agreement Name

EUNICE MONUMENT SOUTH UNIT

8. Well No.

211

9. Pool name or Wildcat

EUNICE MONUMENT/GB/SA

**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: WENDI KINGSTON

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

LEA

County

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

3584'

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.

WORK STARTED 10/11/94: RU SLICKLINE UNIT. TAG FILL AT TD.  
ACDZ W/ 3500 GALS 15% NEFEA/UNISOL.  
TURN WELL OVER TO PROD 10/11/94.

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

SIGNATURE

TITLE

TECH. ASSISTANT

DATE:

11/29/94

TYPE OR PRINT NAME

WENDI KINGSTON

TELEPHONE NO.

(915)687-7826

ORIGINAL RETURNED BY JERRY NIXTON

APPROVED BY

JERRY NIXTON

TITLE

DATE

DEC 01 1994

CONDITIONS OF APPROVAL, IF ANY:

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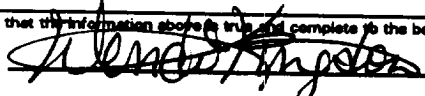
DISTRICT III

1000 Rio Brazos Rd., Aztec, Nm 87410

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.)		API NO. (assigned by OCD on New Wells) 30-025-29615	
1. Type of Well: OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER INJECTOR <input type="checkbox"/>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>	
2. Name of Operator CHEVRON U.S.A. INC.		6. State Oil & Gas Lease No. E-230	
3. Address of Operator P.O. BOX 1150 MIDLAND, TX 79702 ATTN: NITA RICE		7. Lease Name or Unit Agreement Name EUNICE MONUMENT SOUTH UNIT	
4. Well Location Unit Letter <u>L</u> : <u>3508</u> Feet From The <u>NORTH</u> Line and <u>410</u> Feet From The <u>WEST</u> Line Section <u>4</u> Township <u>21S</u> Range <u>36E</u> NMPM <u>LEA</u> County		8. Well No. 211	
10. Elevation(Show whether DF, RKB, RT, GR, etc.) 3584'		9. Pool name or Wildcat EUNICE MONUMENT/GB/SA	
11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data			
NOTICE OF INTENTION TO: 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: CLEAN OUT/STIM <input checked="" type="checkbox"/>		SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> CASING TEST AND CMT JOB <input type="checkbox"/> OTHER: <input type="checkbox"/>	
12. Describe Proposed or Completed Operations(Clearly state all pertinent details, and give pertinent dates, including anticipated 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/ 3500 GALS 15% NEFEA/JNISOL. 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 

TITLE TECH. ASSISTANT

DATE: 08/31/94

TYPE OR PRINT NAME WENDI KINGSTON

TELEPHONE NO. (915)687-7826

ORIGINAL SIGNED BY JERRY SEXTON

APPROVED BY SUPERVISOR

TITLE

DATE

SEP 02 1994

CONDITIONS OF APPROVAL, IF ANY: