Submit 3 Copies to Appropriate

## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103

Revised 1-1-89 District Office OIL CONSERVATION DIVISION DISTRICT I WELL API NO. P.O. Box 1980, Hobbs NM 88241-1980 2040 Pacheco St. 30-025-29575 Santa Fe, NM 87505 DISTRICT II 5. Indicate Type of Lease P.O. Drawer DD, Artesia, NM 88210 STATE X FEE 🗌 DISTRICT III 6. State Oil & Gas Lease No. 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 7. Lease Name or Unit Agreement Name DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) 1. Type of Well: EUNICE MONUMENT SOUTH UNIT WELL OTHER WIW 2. Name of Operator 8. Well No. Chevron U.S.A. 247 3. Address of Operator 9. Pool name or Wildcat P.O. Box 1150, Midland, TX 79702 EUNICE MONUMENT; GRAYBURG-SAN ANDRES 4. Well Location SOUTH 1980 2120 Unit Letter Feet From The Line and Feet From The Line 36E 215 LEA Township Range County 10. Elevation (Show whether DF, RKB, RT, GR, etc.) Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data 11. **NOTICE OF INTENTION TO:** SUBSEQUENT REPORT OF: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT CASING TEST AND CEMENT JOB **PULL OR ALTER CASING** OTHER: PERFD. ACZD 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. POH W/INJ EQPT. ROTATED & WASHED TO 4110'. PERFD 3922'-4000' W/3 JHPF. ACZD W/4000 GALS DUMPED 4500# SAND: TAGGED @ 3781'. WASHED SAND TO 3798'. CIRC CLEAN. SET CIBP @ 3794'. ACZD @ 3640' W/1000 GALS 15%. SET CICR @ 3636'; SQZD W/ 200 SX CL "C" @ 1700#. TAGGED CMT @ 3622'; DRLD CICR & CMT TO 3790'. TSTD SQZ 700#. DRLD CIBP & CMT TO 3900'. WASHED SAND TO 4110'. CIRC HOLE CLEAN. RIH W/INJ TBG. PKR @ 3664'. WORK PERFORMED 4/13/98 - 4/21/98 I hereby certify that the information above is true and complete to the best of my knowledge and belief. TITLE TECH ASSISTANT 5/20/98 DATE TYPE OR PRINT NAME TELEPHONE NO. (915)687-7148 (This space for State Use) ORIGINAL SIGNED BY CHRIS WILLIAMS

TITLE

DISTRICT | SUPERVISOR

CONDITIONS OF APPROVAL, IF ANY: