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## State of New Mexico

Form C-103

JAN 22 1797

Energy, Minerals and Natural Resources Department Revised 1-1-89 District Office OIL CONSERVATION DIVISION DISTRICT I WELL API NO. P.O. Box 1980, Hobbs NM 88241-1980 P.O. Box 2088 30-025-29575 DISTRICT II Santa Fe, New Mexico 87504-2088 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 OIL WELL WIW 2. Name of Operator 8. Well No. Chevron U.S.A. Inc. 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 1980 SOUTH/ 2120 Unit Letter EAST Feet From The Line and Feet From The Line **21S** 36E LEA Section Township **NMPM** Range County 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data **NOTICE OF INTENTION TO:** SUBSEQUENT REPORT OF: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING **CHANGE PLANS TEMPORARILY ABANDON** COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT PULL OR ALTER CASING CASING TEST AND CEMENT JOB SQUEEZE PERFS OTHER: . 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. CHEVRON PROPOSES TO: POH W/INJECTION EQPT.: SEND PKR TO BE REDRESSED. SPOT SAND TO 3810' SET CIBP @ 3810'. SET CICR @ 3661'. CMT SQZ 3700'-3805' W/300 SX NITRIFIED CMT. DRILL OUT CMT AND CICR; TST 500 PSI. DRILL OUT CIBP. RIH W/INJECTION EQPT; PKR @ 3661'. REPAIR IF NECESSARY. NUWH. CLEAN AND CLEAR LOCATION. RETURN WELL TO INJECTION. I hereby certify that the information above is true and complete to the best of my knowledge and belief. TITLE TECHNICAL ASSISTANT 1/20/97 SIGNATURE DATE TYPE OR PRINT NAME ] K. RIPLEY TELEPHONE NO. (915)687-7

MOTAR TRATON

TITLE

APPROVED BY\_ CONDITIONS OF APPROVAL, IF ANY:

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CONDITIONS OF APPROVAL, IF ANY:

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

Form C-103 Revisied 1-1-89

District Office

## **OIL CONSERVATION DIVISION**

District Office	OIL CONSER	TVATION DIVISION					
	P.0	. Box 2088					
DISTRICT I	Santa Fe,	New Mexico 87504-2088					
P.O. Box 1980, Hobbs, NM 8							
DISTRICT II			API NO. (ass	igned by OCD on New Well	s)		
P.O. Drewer Dd, Artesia, NM	88210		30-025-				
DISTRICT III			5 Indicate	Type of Lease			
	1000 Rio Brazoe Rd., Aztec, Nm 87410				5. Indicate Type of Lease STATE X FEE		
			6. State O	il & Gas Lease No.	<del></del>		
			N/A				
	SUNDRY NOTICES AND RE	PORTS ON WELLS					
(DO NOT US	E THIS FORM FOR PROPOSALS TO D DIFFERENT RESERVOIR. USE "AP	PLICATION FOR PERMIT"		me or Unit Agreement Nam MONUMENT SOU			
	(FORM C-101) FOR SUCH PRO	POSALS.)					
Type of Well:  OIL	GAS						
WELL	_	ECTOR					
2. Name of Operator			8. Well No.				
	NU.S.A. INC.			247			
3. Address of Operator				ne or Wildcat			
	DLAND, TX 79702 ATTN: NIT	A RICE	EUNICE	MONUMENT/GB/S	SA		
4. Well Location	J : 1980 Feet From	n The SOUTH Line ar	21	20 Feet From The EA	ST		
Unit Letter	5 Township	**************************************	36E	<del></del>	AST_Line		
Section		21 SOUTH Range vation(Show whether DF, RKB, RT, GR, e		NMPM LEA	County		
	TO. Eller		nc.j				
		3574' GL					
11 NOTICE O	Check Appropriate Box to Indec F INTENTION TO:	ate Nature of Notice, Report, or C SUBSEQUEN		۸۳.			
			T TEPUNIC				
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK		ALTER CASING			
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING OPNS.		PLUG AND ABAN.			
PULL OR ALTER CASING	_	CASING TEST AND CMT JOB					
OTHER:		OTHER: ACDZ			X		
		7,052	<del></del>	· · · · · · · · · · · · · · · · · · ·			
12. Describe Proposed or Co	empleted Operations(Clearly state all pertinent	details, and give pertinent dates, including	<b>1</b> 0				
esticated date of starting	any proposed work) SEE RULE 1103.						
WORK ST	ARTED 05/02/94.						
ACDZ WE	LL W/5000 GALS 15% HCL 8	& UNISOL SOLUTION. FLU:	SH.				
	WELL OVER TO PRODUCTIO						
ND. TOTAL	WELL OVER TO THOUSE TO						
	_						
I hereby certify the the ligions	nation storie is true and complete to the best	of my knowledge and belief.	·				
SIGNITURE	WAT MOVE NILE	TECH. ASSISTANT	DATE:	05/12/94			
The state of the s	The state of the s						
TYPE OR PRINT NAME	WENDI KINGSTON		TELEPHONE	no. (915)687-743	6		
		Orig. Signed by					
100001/50 01/		Orig. Signed by Paul Kautz		MAY 17 1	コンプサ		
APPROVED BY	TITLE	Cooloof	DATE				



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to Appropriate

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

Form C-103 Revisied 1-1-89

District Office OIL CONSERVATION DIVISION P.O. Box 2088	
DISTRICT   Santa Fe, New Mexico 87504-2088	
P.O. Box 1980, Hobbe, NM 88240	
DISTRICT II	API NO. (assigned by OCD on New Wells)
P.O. Drawer Dd, Artesia, NM 88210	30-025-29575
DISTRICT III	5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, Nm 87410	STATE X FEE
	6. State Oil & Gas Lease No.
SUNDRY NOTICES AND REPORTS ON WELLS	N/A
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"	7. Lesse Name or Unit Agreement Name EUNICE MONUMENT SOUTH UNIT
(FORM C-101) FOR SUCH PROPOSALS.)	LOWICE MONOMENT 30014 ONL
1. Type of Well:	
OIL GAS	
WELL OTHER INJECTOR	
2. Name of Operator	8. Well No.
CHEVRON U.S.A. INC.	247
3. Address of Operator	9. Pool name or Wildcat
P.O. BOX 1150 MIDLAND, TX 79702 ATTN: NITA RICE	EUNICE MONUMENT/GB/SA
4. Well Location	
Unit Letter J: 1980 Feet From The SOUTH Line and	2120 Feet From The EAST Line
Section 6 Township 21 SOUTH Range	36E NMPM LEA County
3574' GL	
11 Check Appropriate Box to Indecate Nature of Notice, Report, or Othe NOTICE OF INTENTION TO: SUBSEQUENT R	
	·
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK	ALTER CASING
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS.	PLUG AND ABAN.
PULL OR ALTER CASING CASING TEST AND CMT JOB	
OTHER: C/O W/COILD TBG, ACDZ X OTHER:	
12. Describe Proposed or Completed Operations/Clearly state all pertinent details, and give pertinent dates, including	
esticated date of starting any proposed work) SEE RULE 1103.	
WE PROPOSE TO:	
RU SLICKLINE UNIT. TAG TD. MIRU COILED TBG UNIT. NU INJ HEAI	D. RIH W/TBG
C/O FILL TO TD. SI AT LEAST 12 HRS. ACDZ WELL W/1250 GALS 1	
RD. TURN WELL OVER TO PRODUCTION.	. 0 /0 . 12.1 . 2 / 1. / 2 / 0 / 1.

	100				
I hereby certify that the information SIGNITURE	HAT COMPLETE TO THE BEST	of my knowledge and belief. TECH. ASSISTANT	DATE:	04/05/94	
TYPE OR PRINT NAME	WENDI KINGSTON		TELEPHONE N	io. (915)687-7436	
APPROVED BY	TITLE	Orig. Signed by Paul Kautz	DATE	APR 0 7 1994	
CONDITIONS OF APPROVAL, IF	WY:	Geologist	_		_

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