

OIL CONSERVATION DIVISION

P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

Form C-103  
Revised 10-1-78

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DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease  
State ☒ Fee ☐  
5. 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.)

OIL WELL ☒ GAS WELL ☐ OTHER-

Name of Operator

Chevron U.S.A. Inc.

Address of Operator

P.O. Box 670, Hobbs, New Mexico 88240

Location of Well

UNIT LETTER F 2080 FEET FROM THE West LINE AND 2080 FEET FROM  
THE North LINE, SECTION 21 TOWNSHIP 21S RANGE 36E NMPM.

7. Unit Agreement Name  
Eunice Monument  
South Unit

8. Farm or Lease Name

9. Well No.

442

10. Field and Pool, or Wildcat

Eunice Monument G-SA

15. Elevation (Show whether DF, RT, GR, etc.)  
3600.3' GL

12. County  
Lea

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data  
NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐  
TEMPORARILY ABANDON ☐  
REPAIR OR ALTER CASING ☐  
OTHER ☐

PLUG AND ABANDON ☐  
CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐  
COMMENCE DRILLING OPNS. ☐  
CASING TEST AND CEMENT JOBS ☐  
OTHER Completion Report ☒  
ALTERING CASING ☐  
PLUG AND ABANDONMENT ☐

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.

MIRU PU. Perforated well from 4070' - 4110'. Acidized well across perfs with 2000 gals 15% NEFE HCL. Perforated from 3880' - 4040'. Acidized with 4000 gals 15% NEFE HCL across perf. Performed a chemical squeeze. Equipped well to pump and started production.

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

by MW Casey

TITLE Division Proration Engineer

DATE 6/13/86

ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I SUPERVISOR

COPIES BY TITLE

DATE JUN 18 1986

CONDITIONS OF APPROVAL, IF ANY: