Submit 3 Copies

CONDITIONS OF APPROVAL, IF ANY:

| to Appropriate | | state of New Mexico | | Forn | m C-103 | |
|--|---|---|-------------------------------|--------------------------------------|-------------|--|
| to Appropriate | Oli Contact and research and partition | | | Revisied 1-1-89 | | |
| District Office | | | | | | |
| _ | | P.O. Box 2088 | | | | |
| DISTRICT I | | e, New Mexico 87504-2088 | | | | |
| P.O. Box 1980, Hobbs, NM 882 DISTRICT II | .40 | | <u> </u> | | | |
| P.O. Drawer Dd, Artesia, NM 88 | 2210 | | API NO. (assigne 30-025-29 | d by OCD on New Wells) | | |
| DISTRICT III | | | | | | |
| 1000 Rio Brazos Rd., Aztec, Nm | 87410 | | 5. Indicate Type | | | |
| | | | | STATE X | FEE | |
| | | | 6. State Oil & | Gas Lease No. | | |
| | OUND DV NOTION | | 261 | 6 | | |
| 450 110-110 | SUNDRY NOTICES AND REP | | | | | |
| (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.) | | | | EUNICE MONUMENT SOUTH UNIT | | |
| 1. Type of Well: | ti crim c-101/1 ch 3001/ FRO | FUSALS. | 4 | | | |
| OIL | GAS | | | | | |
| WELL | WELL OTHER I | NJECTOR | | | | |
| 2. Name of Operator | | | 8. Well No. | | | |
| CHEVRON U.S.A. INC. | | | | 328 | | |
| 3. Address of Operator | | | | 8. Pool name or Wildcet | | |
| P.O. BOX 1150 MIDLAND, TX 79702 ATTN: WENDI KINGSTON | | | | EUNICE MONUMENT | | |
| 4. Well Location Unit Letter J: 2080 Feet From The SOUTH Line and | | | 400 | | | |
| Section | | 7210 | | O Feet From The EA | STLine | |
| | / Towns | hip I Z I S Range levation(Show whether DF, RKB, RT, GR, etc.) | R36E | NMPM LEA | County | |
| | | 3584 | | | | |
| 11 | Check Appropriate Box to Indecr | ite Nature of Notice, Report, or Other Data | | | | |
| NOTICE O | F INTENTION TO: | SUBSEQUENT RE | PORT OF: | | | |
| PERFORM REMEDIAL WORK | PLUG AND ABANDON | REMEDIAL WORK | 7 | ALTER CASING | П | |
| TEMPORARILY ABANDON | CHANGE PLANS | COMMENCE DRILLING OPNS. | | PLUG AND ABAN. | ├ ─ | |
| PULL OR ALTER CASING | | CASING TEST AND CMT JOB | ╡ | | Ш | |
| OTHER: | | OTHER: | _ | | \Box | |
| | | | | | | |
| 12. Describe Proposed or Comp | leted Operations(Clearly state all pertinent detail | s, and give pertinent dates, including | | | | |
| esticated date of starting any | proposed work) SEE RULE 1103. | | | | | |
| | | | | | | |
| | CIRC CLEAN FROM 3957'-4051 | | | | | |
| RDMO, | TURN WELL OVER TO PRODUC | TION 08/04/95. | | | | |
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| 16 | | | | | | |
| $\mathcal{A} = \mathcal{A} = $ | on above heave and complete to the best of my | | | | | |
| SIGNITURE | Y TO THE | TECH. ASSISTANT | DATE: | 08/18/95 | | |
| TYPE OR PRINT NAME | WENDI KINGSTON | | TELEPHONE | /01E\607.7000 | | |
| | | | TELEPHONE NO. | (915)687-7826 | | |
| | | | | | . ^~ | |
| APPROVED BY | TITLE | | DATE | - 149 9 3 19 | 3 | |

TITLE

DATE

1119 23 1835