

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

OIL CONSERVATION DIVISION

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

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO.
300-025-29599

5. Indicate Type of Lease
STATE ☒ FEE ☐

6. 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.)

7. Lease Name or Unit Agreement Name

EUNICE MONUMENT
SOUTH UNIT

1. Type of Well:
OIL WELL ☒ GAS WELL ☐ OTHER

2. Name of Operator
CHEVRON U.S.A.

8. Well No.
194

3. Address of Operator
P.O. BOX 1150 MIDLAND, TX 79702 ATTN. R. MATTHEWS

9. Pool name or Wildcat
EUNICE MONUMENT #945 GAB/SA

4. Well Location
Unit Letter G : 2254 Feet From The NORTH Line and 2080 Feet From The EAST Line

Section 6 Township 21 S Range 36 E NMPM LEA 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:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐
OTHER: SQUEEZE PERFS ☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT 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.

IT IS PROPOSED TO VERIFY THE LOG RESULTS OF WHICH INDICATE THAT PREVIOUSLY
SQUEEZED PERFS IN ZONES 1 and 2 HAVE BROKEN DOWN, AND TO REPAIR AS NECESSARY.
RETURN TO PRODUCTION.

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

SIGNATURE M. E. Akins TITLE DRILLING SUPT. DATE 7-15-91
TYPE OR PRINT NAME M.E. AKINS TELEPHONE NO. 687-7812

(This space for State Use)

ORIGINAL SIGNATURE OF DISTRICT OFFICIAL

APPROVED BY _____ TITLE _____ DATE JUL 18 1991

CONDITIONS OF APPROVAL, IF ANY: