

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 88241-1980

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

2040 Pacheco St.
Santa Fe, NM 87505

WELL API NO.
30-025-29614

5. Indicate Type of Lease
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

EUNICE MONUMENT SOUTH UNIT

8. Well No.
189

9. Pool name or Wildcat
EUNICE MONUMENT; GRAYBURG-SAN ANDRES

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.)

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

2. Name of Operator
Chevron U.S.A. Inc.

3. Address of Operator
P.O. Box 1150, Midland, TX 79702

4. Well Location
Unit Letter B : 760 Feet From The NORTH Line and 1780 Feet From The EAST Line

Section 6 Township 21S Range 36E 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: ☐

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.

POH W/INJ PKR & TBG. CLEANED OUT 3630'-4075'. DUMPED 5000# SAND DOWN CSG; TAGGED 11'
F/SURF. CLEANED OUT 11'-186'. TAGGED SAND @ 3870'. DUMPED 1600# SAND DOWN CSG; TAGGED
@ 3757'. WASHED OUT 3757'-3769'. ACZD PERFS 3700-3765' W/750 GALS 15% HCL. PPD 175 SX
CMT @ 3462'; SQZD TO 1500 PSI. DRLD CMT 3608'-3769'. WASHED SAND 3771'-3960'. RIH
W/TBG, PKR @ 3643'. TSTD TO 360 PSI 20 MIN. RETURNED WELL TO INJECTION.

WORK PERFORMED 9/7/99 - 9/16/99

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

SIGNATURE J. K. Ripley TITLE REGULATORY O.A. DATE 10/6/99
TYPE OR PRINT NAME J. K. RIPLEY TELEPHONE NO. (915)687-7148

(This space for State Use) ORIGINAL SIGNED BY
GARY WINK
FIELD REPRESENTATIVE

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

OCT 12 1999