

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department  
**OIL CONSERVATION DIVISION**  
P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

Form C-103  
Revised 1-1-89

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

API NO. (assigned by OCD on New Wells) <b>30-025-29779</b>	
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>	
6. State Oil & Gas Lease No. <b>2616</b>	
7. Lease Name or Unit Agreement Name <b>EUNICE MONUMENT SOUTH UNIT</b>	
8. Well No. <b>403</b>	
9. Pool name or Wildcat <b>EUNICE MONUMENT/GB/SA</b>	

**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.)

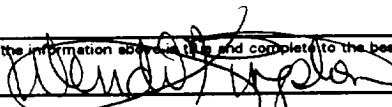
1. Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	
2. Name of Operator <b>CHEVRON U.S.A. INC.</b>	
3. Address of Operator <b>P.O. BOX 1150 MIDLAND, TX 79702 ATTN: WENDI KINGSTON</b>	
4. Well Location Unit Letter <b>K</b> : <b>1930</b> Feet From The <b>SOUTH</b> Line and <b>2080</b> Feet From The <b>WEST</b> Line Section <b>16</b> Township <b>21S</b> Range <b>36E</b> NMPM <b>LEA</b> County	
10. Elevation(Show whether DF, RKB, RT, GR, etc.) <b>3615'</b>	

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
<b>NOTICE OF INTENTION TO:</b>	<b>SUBSEQUENT REPORT OF:</b>
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CMT JOB <input type="checkbox"/>
OTHER: <b>ISOLATION POLYMER TREAT</b> <input checked="" type="checkbox"/>	OTHER: <input type="checkbox"/>
PLUG AND ABANDON <input type="checkbox"/>	ALTER CASING <input type="checkbox"/>
CHANGE PLANS <input type="checkbox"/>	PLUG AND ABAN. <input type="checkbox"/>

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.

MIRU. DUMP APPROX 28.6 CU FT OF SD TO 3940' W/10' CAC03 FLOUR ON TOP.  
RUN BASE GR & TEMP LOG. PUMP APPROX 50 BBLS FW.IF WELL DOES NOT CIRC,  
SPOT 200-300 GALS 15% NEFEA. GIH W/TBG.  
RDMO.

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

SIGNATURE  TITLE **TECH. ASSISTANT** DATE: **09/28/95**

TYPE OR PRINT NAME **WENDI KINGSTON** TELEPHONE NO. **(915)687-7826**

ORIGINAL SIGNED BY **TERRY SEXTON**

APPROVED BY **DISTRICT I SUPERVISOR** TITLE DATE **OCT 04 1995**

CONDITIONS OF APPROVAL, IF ANY:

*mcr*