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

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

Form C-101
Revised 10-1-78

| | |
|---|------------------------------|
| 5a. Indicate Type of Lease | |
| State <input checked="" type="checkbox"/> | Fee <input type="checkbox"/> |
| 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.)

| | |
|--|---|
| <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- | 7. Unit Agreement Name Eunice Monument South Unit |
| Name of Operator Chevron U.S.A. Inc. | 8. Farm or Lease Name Eunice Monument South Unit |
| Address of Operator P. O. Box 670, Hobbs, NM 88240 | 9. Well No. 463 |
| Location of Well UNIT LETTER <u>K</u> 1986 <u>1930</u> FEET FROM THE <u>South</u> LINE AND 1986 <u>2080</u> FEET FROM | 10. Field and Pool, or WHDCat Eunice Monument G-SA |
| NAME <u>WU-1</u> LINE, SECTION <u>16</u> TOWNSHIP <u>21S</u> RANGE <u>36E</u> NMPM. | |
| 11. Elevation (Show whether DF, RT, GR, etc.) | 12. County Lea |

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

| | |
|---|--|
| <input type="checkbox"/> REMEDIAL WORK <input type="checkbox"/> ORABLY ABANDON <input type="checkbox"/> OR ALTER CASING <input type="checkbox"/> OTHER | <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> OTHER |
|---|--|

SUBSEQUENT REPORT OF:

| | |
|---|--|
| <input type="checkbox"/> REMEDIAL WORK <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> CASING TEST AND CEMENT JOBS <input checked="" type="checkbox"/> OTHER <u>inspected for csg risers to surf</u> | <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> PLUG AND ABANDONMENT <input checked="" type="checkbox"/> OTHER |
|---|--|

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.

Risers have been inspected by OCD personnel.

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

James Smith TITLE New Mexico Area Supt. DATE 3-11-87
R. A. Smith TITLE OIL & GAS INSPECTOR DATE MAR 23 1987

OF APPROVAL, IF ANY:

RECEIVED
MAR 20 1987
OCD
HOBBS OFFICE