

DISTRICT I

P.O. Box 1980, Hobbs, NM 88240

DISTRICT II

P.O. Box Drawer DD, Artesia, NM 88210

DISTRICT III

1000 Rio Brazos Rd., Aztec, NM 87410

**OIL CONSERVATION DIVISION**

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

WELL API NO.	30-025-29823
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil / Gas Lease No.	
7. Lease Name or Unit Agreement Name	EUNICE MONUMENT SOUTH UNIT
8. Well No.	345
9. Pool Name or Wildcat	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 DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMI (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	CHEVRON USA INC
3. Address of Operator	15 SMITH ROAD, MIDLAND, TX 79705
4. Well Location	Unit Letter <u>O</u> : <u>760'</u> Feet From The <u>SOUTH</u> Line and <u>1880'</u> Feet From The <u>EAST</u> Line Section <u>10</u> Township <u>21-S</u> Range <u>36-E</u> NMPM <u>LEA</u> COUNTY
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	3585'

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: ☒ CONVERT TO INJECTION

**SUBSEQUENT REPORT OF:**

REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPERATION ☐ 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.

CHEVRON U.S.A. INC. INTENDS TO CONVERT THE SUBJECT WELL TO INJECTION. THE INTENDED PROCEDURE IS AS FOLLOWS:

- 1) VERIFY ANCHORS HAVE BEEN SET & TESTED.
- 2) MIRU PU. NDWH. NUBOP.
- 3) POH W/RDS, TBG & PMP.
- 4) TIH W/BIT TO PBTD @ 3940. CIRC CLEAN.
- 5) RUN PKR TO 3700'. TEST BACKSIDE TO 500 PSI. STIMULATE PERFS W/5000 GALS 15% HCL. DISPL W/2% KCL WTR. FLOW BACK.
- 6) REL PKR & TOH.
- 7) TIH W/INJ PKR ON TBG SET @ 3700'. CIRC CSG W/CORROSION INHIBITED PKR FLUID & SET PKR.
- 8) PERFORM MIT (500 PSI FOR 30 MIN)
- 9) ND BOP. NUWH. RDP.
- 10) PLACE WELL ON INJECTION.

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

SIGNATURE Denise Leake TITLE Regulatory Specialist DATE 11/19/2002  
TYPE OR PRINT NAME Denise Leake Telephone No. 915-687-7375

(This space for State Use)

APPROVED  
CONDITIONS OF APPROVAL, IF ANY:

ORIGINAL SIGNED BY  
CART W. WINK  
OC FIELD REPRESENTATIVE II/STAFF MANAGER DATE

NOV 25 2002

DeSoto/Nichols 12-93 ver 1.0