

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

5a. Indicate Type of Lease
State ☒ Fee ☐
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.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- Water Supply	7. Unit Agreement Name Eunice Monument South Un
2. Name of Operator Chevron U.S.A. Inc.	8. Farm or Lease Name
3. Address of Operator P.O. Box 670 Hobbs, NM 88240	9. Well No. 459
4. Location of Well UNIT LETTER B . 1020 FEET FROM THE North LINE AND 1740 FEET FROM THE East LINE, SECTION 5 TOWNSHIP 21S RANGE 36E NMPM.	10. Field and Pool, or Wildcat Eunice Monument G/SA
15. Elevation (Show whether DF, RT, GR, etc.) 3552.9' GL	12. County Lea

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐
OTHER ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOB ☒
OTHER ☐

ALTERING CASING ☐
PLUG AND ABANDONMENT ☐

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1503.

TD 14 3/4" hole 1:00 AM 1/30/87 @ 2600'. Ran 60 joints 11 3/4" 54# K-55 ST&C set @ 2600'. Cemented with 850 sacks class "C" 16% gel, 1.88#/sack salt, .2% WR-2 and 200 sacks class "C" 2% CACL2. Plug down 2:15 PM 1/30/87. Circulated 241 sacks to surface. Tested casing to 2000 psi for 30 minutes (OK). Total WOC before drillout = 18 hours.

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

SIGNED M. E. Abbin TITLE Staff Drilling Engineer DATE 2-17-1987

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE FEB 19 1987

CONDITIONS OF APPROVAL, IF ANY: