

Submit 3 Copies  
to Appropriate  
District Office:

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-103  
Revised 1-1-89

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

OIL CONSERVATION DIVISION

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

|  |  |
|--|--|
| WELL API NO.                                       | 30-025-29881   |
| 5. Indicate Type of Lease                          | STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/> |
| 6. State Oil & Gas Lease No.                       |  |
| 7. Lease Name or Unit Agreement Name               |  |
| EUNICE MONUMENT SOUTH UNIT                         |  |
| 8. Well No.  | 346  |
| 9. Pool name or Wildcat                            | EUNICE MONUMENT; GRAYBURG-SAN ANDRES                                   |
| 10. Elevation (Show whether DF, RKB, RT, GR, etc.) |  |

|  |  |
|--|--|
| SUNDRY NOTICES AND REPORTS ON WELLS<br>(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:<br>OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER INJECTION  |  |
| 2. Name of Operator<br>Chevron U.S.A. Inc.   |  |
| 3. Address of Operator<br>P.O. Box 1150, Midland, TX 79702   |  |
| 4. Well Location<br>Unit Letter P : 659 Feet From The SOUTH Line and 560 Feet From The EAST Line<br>Section 10 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.

FISHED PARTED TBG AND PKR. RIH W/NEW TBG; SET PKR @ 3736'. CIRC PKR FLUID. TSTD 540 PSI 30 MIN. RETURNED WELL TO INJECTION.

WORK PERFORMED 10/14/97- 10/16/97

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

SIGNATURE J. K. Ripley TITLE TECHNICAL ASSISTANT DATE 11/3/97  
TYPE OR PRINT NAME J. K. RIPLEY TELEPHONE NO. (915)687-7148

(This space for State Use) ORIGINAL SIGNED BY CHRIS WILLIAMS  
DISTRICT I SUPERVISOR

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

30 SN