

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department  
**OIL CONSERVATION DIVISION**

Form C-103  
Revised 1-1-89

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

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)
30-025-29881
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No. N/A
7. Lease Name or Unit Agreement Name EUNICE MONUMENT SOUTH UNIT
8. Well No. 346 <del>WIC</del>
9. Pool name or Wildcat EUNICE MONUMENT/GB-SA

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)	
1. Type of Well: OIL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER INJECTION <input type="checkbox"/>	
2. Name of Operator CHEVRON U.S.A. INC.	
3. Address of Operator P.O. BOX 1150 MIDLAND, TX 79702 ATTN: NITA RICE	
4. Well Location Unit Letter <u>P</u> : <u>659</u> Feet From The <u>SOUTH</u> Line and <u>569</u> Feet From The <u>EAST</u> Line Section <u>10</u> Township <u>21S</u> Range <u>36E</u> NMPM <u>LEA</u> County	
10. Elevation(Show whether DF, RKB, RT, GR, etc.) 3582 GR	

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: POLYMER TREAT <input checked="" type="checkbox"/>	OTHER: <input checked="" 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.

WE PROPOSE TO:  
POLYMER TREAT W/600 BBLs POLYMER SOLUTION.  
RETURN WELL TO INJECTION

I hereby certify that the information above is true and complete to the best of my knowledge and belief.	
SIGNATURE <u>Nita Rice</u>	TITLE <u>TECHNICAL ASSISTANT</u>
DATE: <u>7/27/93</u>	
TYPE OR PRINT NAME <u>NITA RICE</u>	
TELEPHONE NO. <u>(915)687-7436</u>	
Orig. Signed by <u>Paul Kautz</u>	
APPROVED BY <u>Paul Kautz</u>	TITLE <u>Geologist</u>
DATE <u>JUL 29 1993</u>	
CONDITIONS OF APPROVAL, if any	