

Submit 3 Copies To Appropriate District  
Office  
District I  
1625 N. French Dr., Hobbs, NM 87240  
District II  
811 South First, Artesia, NM 87210  
District III  
1000 Rio Brazos Rd., Aztec, NM 87410  
District IV  
2040 South Pacheco, Santa Fe, NM 87505

State of New Mexico  
Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION  
2040 South Pacheco  
Santa Fe, NM 87505

Form C-103  
Revised March 25, 1999

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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.)		WELL API NO. <b>30-025-29882</b>
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other <b>INJECTOR</b>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator <b>Chevron U.S.A. Inc.</b>		6. State Oil & Gas Lease No.
3. Address of Operator <b>P.O. Box 1150 Midland, TX 79702</b>		7. Lease Name or Unit Agreement Name: <b>EUNICE MONUMENT SOUTH UNIT</b>
4. Well Location Unit Letter <b>J</b> : <b>1847</b> feet from the <b>SOUTH</b> line and <b>1885</b> feet from the <b>EAST</b> line Section <b>10</b> Township <b>21S</b> Range <b>36E</b> NMPM County <b>LEA</b>		8. Well No. <b>316</b>
10. Elevation (Show whether DR, RKB, RT, GR, etc.)		9. Pool name or Wildcat <b>EUNICE MONUMENT GRAYBURG-SAN ANDRES</b>

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPLETION <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: <input 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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

POH W/INJ EQPT. ROTATED & WASHED TO 3930'. PERFD 3792'-3890'. ACID W/5750 GALS 15%.  
SWABBED. RIH W/INJ TBG & PKR; PKR @ 3701'. RETURNED WELL TO INJECTION.

WORK PERFORMED 10/3/00 - 10/9/00

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

SIGNATURE J. K. Ripley TITLE REGULATORY O.A. DATE 2/6/01

Type or print name J. K. RIPLEY Telephone No. (915) 687-7148

(This space for State use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE FF  
Conditions of approval, if any:

JCS