

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department  
**OIL CONSERVATION DIVISION**  
P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

Form C-103  
Revised 1-1-89

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) <b>30-025-29901</b>
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No. <b>N/A</b>
7. Lease Name or Unit Agreement Name <b>EUNICE MONUMENT SOUTH UNIT</b>
8. Well No. <b>318</b>
9. Pool name or Wildcat <b>EUNICE MONUMENT</b>
10. Elevation (Show whether DF, RKB, RT, GR, etc.) <b>3570' GL</b>

<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 WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER WATER INJECTION	
2. Name of Operator <b>CHEVRON U.S.A. INC.</b>	
3. Address of Operator <b>P.O. BOX 1150 MIDLAND, TX 79702 ATTN: NITA RICE</b>	
4. Well Location Unit Letter <b>L</b> : <b>1860</b> Feet From The <b>SOUTH</b> Line and <b>830</b> Feet From The <b>WEST</b> Line Section <b>10</b> Township <b>21S</b> Range <b>36E</b> NMPM <b>LEA</b> County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) <b>3570' GL</b>	

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 checked="" type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input checked="" type="checkbox"/>	ALTER CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABAN. <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>		CASING TEST AND CMT 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.

WORK PERFORMED 6-23 THRU 6-29-93  
CLEAN OUT W/COILED TBG & POLYMER TREAT W/ 600 BBLS POLYMER SOLUTION.  
FLUSH W/25 BBLS POLYMER, SWI. ISIP 1678 PSI, 5 MIN 1417 PSI,  
10 MIN 1308 PSI, 15 MIN 1250 PSI.  
INJECTION INTERVAL = 3718-3946', CLEAN LOCATION & RETURN TO PRODUCTION

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>7/13/93</u>	
TYPE OR PRINT NAME <u>NITA RICE</u>		TELEPHONE NO. <u>(915)687-7436</u>	
APPROVED BY <u>DISTRICT I SUPERVISOR</u>		DATE <u>JUL 15 1993</u>	
CONDITIONS OF APPROVAL, IF ANY:			

RECEIVED

JUL 14 1993

AD HOC  
10/1/93