

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

# OIL CONSERVATION DIVISION

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

WELL API NO.
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. 318 <del>WELL</del>
9. Pool name or Wildcat Eunice Monument Grayburg S/A

**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. Type of Well: OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER - WIW
2. Name of Operator Chevron U.S.A., Inc.
3. Address of Operator P.O. Box 670, Hobbs, New Mexico 88240
4. Well Location Unit Letter <u>L</u> : <u>1860</u> Feet From The <u>South</u> Line and <u>830</u> Feet From The <u>West</u> Line Section <u>10</u> Township <u>21S</u> Range <u>36E</u> 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:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input 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"/>		CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: <u>Cellar Inspection</u> <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.

Dug up cellar and repiped the casing valve to surface.

Inspected by OCD representative 1-5-89.

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

SIGNATURE C. L. Morrill TITLE NM Area Prod. Supt. DATE 1-30-89

TYPE OR PRINT NAME C. L. Morrill TELEPHONE NO. 505-393-4121

(This space for State Use)

APPROVED BY A. J. Lader OIL & GAS INSPECTOR DATE FEB 02 1989

CONDITIONS OF APPROVAL, IF ANY:

10-10-88 10:10 AM

**RECEIVED**

**FEB 1 1989**

**OCD  
HOBBS OFFICE**