

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 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.  
30-025-29905

5. Indicate Type of Lease

STATE ☐

FEE ☒

6. State Oil & Gas Lease No.

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 ☐

GAS  
WELL ☐

OTHER

INJECTOR

2. Name of Operator

CHEVRON U.S.A. INC.

8. Well No. 237

3. Address of Operator

P.O. BOX 1150, MIDLAND, TX ATTN: P.R. MATTHEWS

9. Pool name or Wildcat  
EUNICE MONUMENT/G-SA

4. Well Location

Unit Letter RT : 2194 Feet From The SOUTH Line and 640 Feet From The WEST Line

Section 3

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:

SUBSEQUENT REPORT OF

PERFORM REMEDIAL WORK ☐

PLUG AND ABANDON ☐

REMEDIAL WORK ☐

ALTERING CASING ☐

TEMPORARILY ABANDON ☐

CHANGE PLANS ☐

COMMENCE DRILLING OPNS. ☐

PLUG AND ABANDONMENT ☐

PULL OR ALTER CASING ☐

CASING TEST AND CEMENT JOB ☐

OTHER: ☐

OTHER: ACDZ ☒

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.

MIRU, POOH W/TBG. AND PKR.  
TIH W/PKR, TST CSG TO 500 PSI -OK.  
SET PKR AT 3870, ACDZ 3870-3838 W/ 2500 GALS. 15% NEFE HCL.  
SWB/TST ZONE 5 3838=3870.  
TIH W/IPC TBG. AND PKR. EOT AT 3802'.  
RDMO, RETURN TO INJECTION.  
WORK STARTED 8-5-91 WORK ENDED 8-6-91.

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

SIGNATURE

P.R. Matthews

TITLE

TECHNICAL ASSISTANT

DATE

8-8-91

TYPE OR PRINT NAME

P.R. MATTHEWS

TELEPHONE NO. 687-7812

(This space for State Use) ORIGINAL FILED BY JERRY DENTON

DISTRICT I SUPERVISOR

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL IF ANY: