

Submit 3 Copies
to Approving
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-79

DISTRICT OFFICE
P.O. Box 1580, Hobbs, NM 88240

DISTRICT OFFICE
P.O. Drawer DD, Aztec, NM 88210

DISTRICT OFFICE
1000 Rio Arriba Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

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

WELL API NO.	30-025-29909
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
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7. Lease Name or Unit Agreement Name	Eunice Monument South Unit
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2. Name of Operator	Chevron U.S.A. Inc.
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8. Well No.	287
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3. Address of Operator	P.O. Box 670 Hobbs NM 88240
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9. Pool name or Wildcat	Eunice Monument G/SA
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4. Well Location	Unit Layer <u>B</u> : <u>675</u> Feet From The <u>North</u> Line and <u>2160</u> Feet From The <u>East</u> Line
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Section <u>7</u>	Township <u>21S</u>	Range <u>36E</u>	NMPM	County
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10. Elevation (Show whether DF, RKB, RT, GR, etc.)	3595.2
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Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK ☐	REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐	ALTERING CASING ☐
PULL OR ALTER CASING ☐	COMMENCE DRILLING OPNS. ☐
OTHER: Perf/Acdz ☒	PLUG AND ABANDONMENT ☐
	CASING TEST AND CEMENT JOB ☐
	OTHER: ☐

11. 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.
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Perf & acdz Grayburg Zone 4. RIH W/bit C/O to PBTD 4018', Drlg out FC & cmt to 4033'.
RUWL perf 4000'-20' W/4" guns 2 JHPF 180 deg. Acdz 4000'-20' W/1500g 15% NEFE & 50 BS.
Swab & return to prouduction.

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

SIGNATURE M. E. Akins TITLE Staff Drlg. Engr. DATE 8/15/89

TYPE OR PRINT NAME M.E. AKINS

TELEPHONE NO. 505 393-4121

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

AUG 17 1989

RECEIVED

AUG 16 1989

OCD
HOBBS OFFICE