

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

<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.)		API NO. (assigned by OCD on New Wells) <b>30-025-30452</b>	
1. Type of Well: OIL <input type="checkbox"/> GAS <input type="checkbox"/> WELL <input checked="" type="checkbox"/> WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		6. 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. <b>N/A</b>	
3. Address of Operator <b>P.O. BOX 1150 MIDLAND, TX 79702 ATTN: NITA RICE</b>		7. Lease Name or Unit Agreement Name <b>EUNICE MONUMENT SOUTH UNIT</b>	
4. Well Location Unit Letter <b>PM</b> : <b>860</b> Feet From The <b>SOUTH</b> Section <b>15</b> Township <b>21S</b> Line and <b>67S</b> Feet From The <b>EAST</b> Line Range <b>36E</b> NMPM <b>LEA</b> County		8. Well No. <b>425</b>	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) <b>3600' GR</b>		9. Pool name or Wildcat <b>EUNICE MONUMENT/GB-SA</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 type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input 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: <b>POLYMER TREAT</b> <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.  <b>WE PROPOST TO:</b> <b>ND WH, NU BOP. SET TRTG PKR @ 3800 +-. LOAD BACKSIDE &amp; TST TO 500 PSI.</b> <b>POLYMER TREAT W/1000 BBLS 2000 TO 8500 PPM POLYMER.ACDZ WELL W/2500 GALS 15% HCL.</b> <b>FLOW/SWAB BACK. POH W/PKR &amp; RUN PROD TBG.</b> <b>RETURN WELL TO PRODUCTION.</b>			

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

SIGNATURE Nita Rice TITLE TECHNICAL ASSISTANT DATE: 8/9/93  
TYPE OR PRINT NAME NITA RICE TELEPHONE NO. (915)687-7436

APPROVED BY Paul Kautz TITLE Geologist DATE AUG 16 1993  
CONDITIONS OF APPROVAL, IF ANY