

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

SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG B DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)		API NO. (assigned by OCD on New Wells) 30-025-31409
1. Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator CHEVRON U.S.A. INC.		6. State Oil & Gas Lease No. N/A
3. Address of Operator P.O. BOX 1150 MIDLAND, TX 79702 ATTN: P.R. MATTHEWS		7. Lease Name or Unit Agreement Name EUNICE MONUMENT SOUTH UNIT
4. Well Location Unit Letter Q : 1280 Feet From Th EAST Line and 1330 Feet From The SOUTH Line Section 5 Township 21S Range 36E NMPM LEA County		8. Well No. 639
10. Elevation(Show whether DF, RKB, RT, GR, etc.) 3576 GE		9. Pool name or Wildcat EUNICE MONUMENT/GB-SA

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"/>	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: CEMENT SQZ. ZONES 2,3,4 <input checked="" type="checkbox"/>		OTHER: <input type="checkbox"/>	

12. Describe Proposed or Completed Operations(Clearly state all pertinent details, and give pertinent dates, including anticipated date of starting any proposed work) SEE RULE 1103.

IT IS PROPOSED TO :
CEMENT SQUEEZE ZONES 2,3,4 OF THE GRAYBURG FORMATION.
REPERFORATE ZONE #2.
STIMULATE WITH ACID AND SWAB BACK.
RETURN TO PRODUCTION ASAP.
WORK WILL BEGIN UPON APPROVAL OF PERMIT.

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

SIGNATURE P.R. Matthews TITLE TECH. ASSISTANT DATE: 4/2/92

TYPE OR PRINT NAME P.R. MATTHEWS TELEPHONE NO (915)687-7812

APPROVED BY APPROVED BY JERRY SEXTON DATE APR 06 1992

APPROVED BY APPROVED BY JERRY SEXTON TITLE APPROVED BY JERRY SEXTON DATE APR 06 1992
CONDITIONS OF APPROVAL, IF ANY: