

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

| |
|---|
| API NO. (assigned by OCD on New Wells) |
| 30-025-31425 |
| 5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> |
| 6. State Oil & Gas Lease No. N/A |
| 7. Lease Name or Unit Agreement Name EUNICE MONUMENT SOUTH UNIT |
| 8. Well No. 625 |
| 9. Pool name or Wildcat EUNICE MONUMENT/GB SA |
| 10. Elevation(Show whether DF, RKB, RT, GR, etc.) 3583 GE |

| | |
|---|--|
| 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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER | 2. Name of Operator CHEVRON U.S.A. INC. |
| 3. Address of Operator P.O. BOX 1150 MIDLAND, TX 79702 ATTN: P.R. MATTHEWS | |
| 4. Well Location Unit Letter <u>T</u> : <u>10</u> Feet From The <u>WEST</u> Line and <u>2630</u> Feet From The <u>SOUTH</u> Line Section <u>4</u> Township <u>21S</u> Range <u>36E</u> NMPM <u>LEA</u> County | |
| 10. Elevation(Show whether DF, RKB, RT, GR, etc.) 3583 GE | |

| | |
|--|--|
| 11 Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data | |
| NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> OTHER: <input type="checkbox"/> | SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTER CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> PLUG AND ABAN. <input type="checkbox"/> CASING TEST AND CMT JOB <input type="checkbox"/> OTHER: <u>DRILLING SUMMARY</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.

MOVE IN TMBR/SHARP RIG # 17 ON 11-23-91.
SPUD 12 1/4" HOLE AT 1700 HRS ON 11-23-91.
DRILL AND SURVEY FROM 0'-1263'.
RUN 8 5/8" 23 # CASING TO 1263'.
PUMP 780 SXS OF CEMENT AND CIRC 332 SXS TO SURFACE.
WAIT ON CEMENT FOR 12 HRS.
INSTALL WELL HEAD AND TEST EQUIP.
DRILL OUT CEMENT AND NEW FORMATION.

| | | |
|--|------------------------------|------------------------------------|
| I hereby certify that the information above is true and complete to the best of my knowledge and belief. | | |
| SIGNATURE <u>P.R. Matthews</u> | TITLE <u>TECH. ASSISTANT</u> | DATE: <u>12-02-91</u> |
| TYPE OR PRINT NAME <u>P.R. MATTHEWS</u> | | TELEPHONE NO. <u>(915)687-7812</u> |
| APPROVED BY _____ | TITLE _____ | DATE _____ |
| CONDITIONS OF APPROVAL, IF ANY: | | |