

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) | |
| 30-025-31426 | |
| 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. | |
| 638 | |
| 9. Pool name or Wildcat | |
| EUNICE MONUMENT GB/SA | |
| 10. Elevation(Show whether DF, RKB, RT, GR, etc.) | |
| 3581 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 <input type="checkbox"/> |
| 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 | X |
| Section | 5 |
| Feet From The | 10 |
| Township | EAST |
| Range | 21S |
| Line and | 36E |
| Range | 1310 |
| Feet From The | SOUTH |
| County | LEA |
| 10. Elevation(Show whether DF, RKB, RT, GR, etc.) | |
| 3581 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: <input checked="" type="checkbox"/> COMPLETION |

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.

DRILL OUT TO 3903'
PERF 3886-3940 W/44 HOLES.
ACDZ 3886-3940 W/2000 GAL OF 15% NEFE, SWB/TST.
SET CICR AT 3872' AND CEMENT SQUEEZE BELOW W/100 SXs.
PERF ZONE 2-4 3721-3850 W/4" GUNS, 180 DEG PHSD, 46 HOLES.
ACDZ 3721-3850 W/2000 GALS OF 15% NEFE, SWAB TEST ZONES.
TIH W/PRODUCTION TUBING.
WORK ENDED ON 12-10-91.

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

SIGNATURE P.R. Matthews TITLE TECH. ASSISTANT

DATE: 12-11-91

TYPE OR PRINT NAME P.R. MATTHEWS

TELEPHONE NO. (915)687-7812

APPROVED BY P.R. Matthews TITLE TECH. ASSISTANT

DATE 12-11-91

CONDITIONS OF APPROVAL, IF ANY: