Submit 3 Copies to Appropriate District Office

CONDITIONS OF APPROVAL, IF ANY:

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

DISTRICT I	OIL CONSERVATION	ON DIVISION		
P.O. Box 1980, Hobbs NM 88241-1980	P.O. Box 2088 TRICT II Santa Fe New Mexico 87504-2088		WELL API NO. 30-025-33189	
DISTRICT II P.O. Drawer DD, Artesia, NM 88210			5. Indicate Type of Lease	
DISTRICT III			STATE FEE	X
1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil & Gas Lease No.	
	ES AND REPORTS ON WEL			
(FORM C-1	OSALS TO DRILL OR TO DEEPEN YOIR. USE "APPLICATION FOR PEI 01) FOR SUCH PROPOSALS.)	OR PLUG BACK TO A RMIT"	7. Lease Name or Unit Agreement Name	
1. Type of Weil: OIL GAS WELL WELL WELL	OTHER	***	EUNICE MONUMENT SOUTH UNIT	
2. Name of Operator			8. Well No.	
Chevron U.S.A. Inc. 3. Address of Operator			641	
P.O. Box 1150, Midland,	TX 79702		9. Pool name or Wildcat EUNICE MONUMENT; GRAYBURG-SAN AND	RES
4. Well Location Unit Letter T: 1505	Feet From TheSOUTH	Line and115	5 Feet From The WEST	Line
Section 5	Township 21S R	ange 36E	NMPM LEA Co.	
	10. Elevation (Show wheth	er DF, RKB, RT, GR, etc		unty
		3579'		
	ropriate Box to Indicate	ł .	_	
NOTICE OF IN	ENTION TO:	SUB	SEQUENT REPORT OF:	
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING	С
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	OPNS. PLUG AND ABANDONMENT	₋ [
PULL OR ALTER CASING		CASING TEST AND CE		
OTHER:		OTHER: PERFD,	ACZD, SQZD	X
Describe Proposed or Completed Operat work) SEE RULE 1103.	ions (Clearly state all pertinent del	lails, and give pertinent dat	es, including estimated date of starting any prop	osed
POH W/PROD EQPT. PE	RFD 3720'-3994'. PICKLED PROD EQPT. RETURNED WEL		GALS 15% HCL. ACZD W/9100	
WORK PERFORMED 4/4/9	5 - 4/ 10/96			
TAGGED @ 3646'. DRLI CICR @ 3648'. PPD 79	D CICR & CMT TO 3778', TS 5 SX CL "C", TAGGED @ 364 PROD EQPT, TBG @ 4033'.	TD SQZ 500#. CLEAN 1'. DRLD CICR & CN	@ 3654'. PPD 300 SX CL "C", NED OUT SAND 3773'-3777'. SET HT TO 3775'. WASHED SAND RODUCTION.	
I hereby certify that the information above is true	and complete to the best of my knowledg	e and belief.		
SIGNATURE G.K. RIPU	/ тп	LE TECHNICAL ASSIST	ANT DATE 9/9/97	
TYPE OR PRINT NAME J. K. RIPLEY	<u>//</u>		TELEPHONE NO. (915)687-7	148
	VEU LE PRIMITAMS OT I SUPERVISOR		320 S.A. 4088	
APPROVED BY		LE	∴ 2 9 1997 DATE	