

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-103  
Revised 1-1-89

**DISTRICT I**

P.O. Box 1980, Hobbs NM 88241-1980

**DISTRICT II**

P.O. Drawer DD, Artesia, NM 88210

**DISTRICT III**

1000 Rio Brazos Rd., Aztec, NM 87410

**OIL CONSERVATION DIVISION**

2040 Pacheco St.  
Santa Fe, NM 87505

WELL API NO.  
30-025-34138

5. Indicate Type of Lease  
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

EUNICE MONUMENT SOUTH UNIT

8. Well No.

669

9. Pool name or Wildcat

EUNICE MONUMENT; GRAYBURG-SAN ANDRES

**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 ☒

GAS  
WELL ☐

OTHER

2. Name of Operator

Chevron U.S.A. Inc.

3. Address of Operator

P.O. Box 1150, Midland, TX 79702

4. Well Location

Unit Letter G: 1430 Feet From The NORTH Line and 1411 Feet From The EAST Line

Section 10 Township 21S Range 36E NMPM LEA County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

3578'

11.

**Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data**

**NOTICE OF INTENTION TO:**

PERFORM REMEDIAL WORK ☐

PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐

CHANGE PLANS ☐

PULL OR ALTER CASING ☐

OTHER: ☐

**SUBSEQUENT REPORT OF:**

REMEDIAL WORK ☐

ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☒

PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: ☐

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.

SPUDDED 12-1/4" HOLE 12/11/98. DRILLED TO 540'; SET 9-5/8" CSG @ 539'. CMTD W/300 SX CL "C"; CIRC TO SURF. DRILLED TO 3784'; SET 7" CSG @ 3783'. CMTD W/835 SX CL "C"; CIRC TO SURF.

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

SIGNATURE

*J. K. Ripley*

TITLE TECHNICAL ASSISTANT

DATE 3/1/98

TYPE OR PRINT NAME J. K. RIPLEY

TELEPHONE NO. (915)687-7148

(This space for State Use)

ORIGINAL SIGNATURE OF CHRIS WILLIAMS  
DISTRICT SUPERVISOR

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: