

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**

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

WELL API NO.

30-025-34213

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

**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

7. Lease Name or Unit Agreement Name

EUNICE MONUMENT SOUTH UNIT

8. Well No.

653

9. Pool name or Wildcat

EUNICE MONUMENT; GRAYBURG-SAN ANDRES

4. Well Location

Unit Letter M : 150 Feet From The SOUTH Line and 90 Feet From The WEST Line

Section 4 Township 21S Range 36E NMPM LEA County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)  
3574'

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 12/20/97. DRILLED TO 520'. SET 9-5/8" CSG. CMTD W/300 SX CL "C", CIRC TO SURF. DRILLED TO 3720'. SET 7" CSG @ 3719'. CMTD W/600 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

1/7/98

TYPE OR PRINT NAME

J. K. RIPLEY

TELEPHONE NO. (915)687-7148

(This space for State Use)

APPROVED BY

BY CHRIS WILLIAMS  
SUPERVISOR

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: