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 Office						
<u>DISTRICT I</u> P.O. Box 1980, Hobbs NM 88241-1980	OIL CONSERVATIO	WELL API NO.				
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	Santa Fe, NM 87505		30 - 025 - 34215 5. Indicate Type of Lease			
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil & G		FEE .	
	CES AND REPORTS ON WELL	9			7///////	
(DO NOT USE THIS FORM FOR PRO DIFFERENT RESER	O 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.)			7. Lease Name or Unit Agreement Name		
1. Type of Well: OIL GAS WELL WELL	OTHER		EUNICE MONU	MENT SOUTH UNIT		
2. Name of Operator			8. Well No.			
Chevron U.S.A. Inc.			699	33771		
3. Address of Operator P.O. Box 1150, Midland, TX	79702		9. Pool name or EUNICE MONUL	WINGER MENT; GRAYBURG-SAN	ANDRES	
4. Well Location Unit Letter H . 2562	Feet From The NORTH	10	10	om The EAST		
Unit Letter : : 2302	Feet From TheNONTH	Line and10	Feet Fro	om The LAST	Line	
Section 10	Township 21S Rai	nge 36E er DF, RKB, RT, GR, etc	NMPM	LEA	County	
<u> </u>		3580		<i></i>		
· -	propriate Box to Indicate l	Nature of Notice,	Report, or	Other Data		
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:						
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK		ALTERING CASING		
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	OBNIS	PLUG AND ABANDON	NAENIT	
	CHANGE FEANS —		FEOG AND ABANDON	IVICIN I C		
PULL OR ALTER CASING L		MENT JOB		X		
OTHER:		OTHER: COMPLETIO	<u>N </u>			
 Describe Proposed or Completed Ope work) SEE RULE 1103. 	rations (Clearly state all pertinent deta	alls, and give pertinent da	tes, including estin	nated date of starting any	y proposed	
CORED TO 3893'. DUMPED 70Q FOAM: ACZD W/5060 GA EOT @ 3886'.	4000# 20/40 SAND; TAGGED @ LS S-3000 ACID. SWABBED.	3724'. WASHED SA BAILED SAND TO 38		PUMPED 5600 GALSTBG, PUMP & RODS;	S	
				•		
I hereby certify that the information above is tr	ue and complete to the best of my knowledge	and belief.				
SIGNATURE J. K. KIP	ellet title	E TECHNICAL ASSIS	TANT	DATE8/12	:/98	
TYPE OR PRINT NAME J. K. RIPLEY	V			TELEPHONE NO. (915)6	587-7148	
(This space for State Use) ORIGINAL SIGNED BY DISTRICT I SL	/ OHRIS WILLIAMS JPERVISOR			DEC	0 3 199	

__ TITLE _

__ DATE _