Form C-103 State of New Mexico Submit 3 Copies To Appropriate District Energy, Minerals and Natural Resources Office Revised March 25, 1999 District I WELL API NO. 1625 N. French Dr., Hobbs, NM 87240 30-025-34846 District II OIL CONSERVATION DIVISION 811 South First, Artesia, NM 87210 5. Indicate Type of Lease 2040 South Pacheco District III STATE 🔀 FEE 1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, NM 87505 District IV 6. State Oil & Gas Lease No. 2040 South Pacheco, Santa Fe, NM 87505 SUNDRY NOTICES AND REPORTS ON WELLS 7. Lease Name or Unit Agreement Name: (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: EUNICE MONUMENT SOUTH UNIT Gas Well Other Oil Well X 8. Well No. 2. Name of Operator 596 Chevron U.S.A. Inc. 9. Pool name or Wildcat 3. Address of Operator EUNICE MONUMENT; GRAYBURG-SAN ANDRES P.O. Box 1150 Midland, TX 79702 4. Well Location 335 2868 NORTH line and feet from the line feet from the_ Unit Letter **NMPM** County LEA Range 3**6**E Section Township 21S 10. Elevation (Show whether DR, RKB, RT, GR, etc.) 3575' 11. Check Appropriate Box to Indicate, Nature of Notice, Report, or Other Data SUBSEQUENT REPORT OF: NOTICE OF INTENTION TO: **ALTERING CASING** REMEDIAL WORK PERFORM REMEDIAL WORK PLUG AND ABANDON COMMENCE DRILLING OPNS. PLUG AND **CHANGE PLANS TEMPORARILY ABANDON ABANDONMENT** CASING TEST AND **MULTIPLE PULL OR ALTER CASING CEMENT JOB** COMPLETION OTHER: 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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation. SPUDDED 12-1/4" HOLE 3/26/00. DRILLED TO 510', SET 9-5/8" CSG. CMTD W/450 SX CL "C", CIRC TO SURF. DRILLED TO 4065', SET 7" CSG. CMTD W/1085 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 TITLE REGULATORY O.A. _DATE ____**4/12/00 SIGNATURE** Telephone No. Type or print name J. (This space for State use) 1:54 DATE TITLE APPROVED BY_ Conditions of approval, if any: