State of New Mexico
Enei   Minerals and Natural Resources Departmı

Form C-103
Revised 1-1-89

OIL CONSERVATION DIVISION
310 Old Santa Fe Trail, Room 206
Santa Fe, New Mexico 87503

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

WELL API NO.
30-025-34848

5. Indicate Type of Lease
STATE [ ]   FEE [X]

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.)

7. Lease Name or Unit Agreement Name

EUNICE MONUMENT SOUTH UNIT

1. Type of Well:
OIL WELL [X]   GAS WELL [ ]   OTHER

2. Name of Operator
CHEVRON U.S.A., INC.

3. Address of Operator
P. O. BOX 1150   MIDLAND, TX 79702

8. Well No.
708

9. Pool name or Wildcat
EUNICE MONUMENT;GRAYBURG-SA

4. Well Location
Unit Letter I : 1330 Feet From The SOUTH Line and 1220 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 ABANDON [ ]

CASING TEST AND CEMENT JOB [ ]

OTHER: COMPLETION [X]

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.

DRLD CMT TO 3904'. CIRC CLEAN. SET CIBP @ 3899'. PERFD 3790'-3898' W/3
JHPF. ACZD W/2800 GALS 15% HCL. SWABBED. RIH W/TBG, PUMP & RODS; TBG
@ 3883'.

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

SIGNATURE _J. K. Ripley_   TITLE REGULATORY O.A.   DATE 05/03/2000

TYPE OR PRINT NAME J. K. RIPLEY   TELEPHONE NO. (915)687-7148

(This space for State Use)

APPROVED BY_____   TITLE_____   DATE_____

CONDITIONS OF APPROVAL, IF ANY: