Form C-103 Submit 3 Copies To Appropriate District State of New Mexico Office Energy, Minerals and Natural Resources Revised March 25, 1999 District I WELL API NO. 1625 N. French Dr., Hobbs, NM 87240 30-025-35157 District II OIL CONSERVATION DIVISION 811 South First, Artesia, NM 87210 5. Indicate Type of Lease 2040 South Pacheco District III STATE 😿 1000 Rio Brazos Rd., Aztec, NM 87410 FEE 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 Oil Well **x** Gas Well Other 8. Well No. 2. Name of Operator 585 Chevron U.S.A. Inc. 9. Pool name or Wildcat 3. Address of Operator P.O. Box 1150 Midland, TX 79702 **EUNICE MONUMENT; GRAYBURG-SAN ANDRES** 4. Well Location 1120 1300 Unit Letter feet from the line and \_\_ feet from the\_ line Section Township **21**S Range NMPM County LEA 10. Elevation (Show whether DR, RKB, RT, GR, etc.) 11. Check Appropriate Box to Indicate 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** COMMENCE DRILLING OPNS. **CHANGE PLANS PLUG AND**  $\mathbf{x}$ ABANDONMENT CASING TEST AND PULL OR ALTER CASING MULTIPLE COMPLETION **CEMENT JOB** 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 12/22/00. DRILLED TO 500', SET 9-5/8" CSG. CMTD W/375 SX CL "C", CIRC TO SURF. DRILLED TO 3980', SET 7" CSG. CMTD W/850 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. 3/14/01 **SIGNATURE** DATE\_ Type or print name J. K. Telephone No. (915) 687-7148 (This space for State use) мБН 3 **д X000** DISTANCE of APPROVED BY TITLE DATE

Conditions of approval, if any: