	-									
ubmit 3 Copies To Appropriate District Office	exico			F	orm C-1	03				
District I	Energy, Minerals and	i Nati	Iral Resources			Revised M	arch 25, 19	999		
1625 N. French Dr., Hobbs, NM 87240 District II				WELL API	NO.					
811 South First, Artesia, NM 87210					30-025-35162					
District III	2040 South Pacheco			5. Indicate Type of Lease						
1000 Rio Brazos Rd., Aztec, NM 87410 District IV	Santa Fe,	NM 8	7505	STAT	TE 🗴	FEE	]			
2040 South Pacheco, Santa Fe, NM 87505				6. State Oil	& Gas	Lease No.				
SUNDRY NOTIO (DO NOT USE THIS FORM FOR PROP DIFFERENT RESERVOIR. USE "APPLI PROPOSALS.)	CES AND REPORTS ON OSALS TO DRILL OR TO DE CATION FOR PERMIT" (FOR	EPEN (		7. Lease Na	ume or U	Unit Agreemer	it Name:			
1. Type of Well:										
Oil Well 🕱 Gas Well 🗋 Other					EUNICE MONUMENT SOUTH UNIT					
2. Name of Operator					8. Well No.					
Chevron U.S.A. Inc.					695					
3. Address of Operator					9. Pool name or Wildcat					
P.O. Box 1150 Midland, TX 79702					EUNICE MONUMENT; GRAYBURG-SAN ANDRES					
4. Well Location								4		
Unit Letter <u>I</u> :	2440 feet from the	sot	TH line and	<b>200</b> fo	eet from	n the EAS.	<u> </u>	ne		
Section 9	Township 21	s	Range 36E	NMPM		County	lea			
	10. Elevation (Show wh	ether	DR, RKB, RT, GR, etc	c.)		County	LEA			
and a second second Second second		3	572′							
11. Check A	Appropriate Box to Ind	licate	Nature of Notice,	Report, or	Other	Data				
					SEQUENT REPORT OF:					
	CHANGE PLANS		COMMENCE DRILLI	NG OPNS.	x	PLUG AND				
PULL OR ALTER CASING	MULTIPLE COMPLETION		CASING TEST AND 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 10/12/00. DRILLED TO 500', SET 9-5/8" CSG. CMID W/500 SX CL "C", CIRC TO SURF. DRILLED TO 3930', SET 7" CSG. CMID W/930 SX PREMIUM PLUS, CIRC TO SURF.

I hereby certify that the information above is true and complete to	the best of my knowledge and belief.			
SIGNATURE Q.K. Kipley	TITLE REGULATORY O.A.	DATE _	11/9/00	
Type or print name J. K. RIPLEY		Telephone No.	(915)687-7148	
(This space for State use)				
APPROVED BY Conditions of approval, if any:	TITLE	DATE		
E.E. a we meet.				

5 C.