

CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

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DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease	
State <input type="checkbox"/>	Fee <input checked="" type="checkbox"/>
5. 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.)

OIL WELL <input type="checkbox"/>	GAS WELL <input type="checkbox"/>	OTHER-	7. Unit Agreement Name
Name of Operator Chevron U.S.A. Inc.			8. Farm or Lease Name Eaves
Address of Operator P.O. Box 670, Hobbs, New Mexico 88240			9. Well No. 4
Location of Well UNIT LETTER <u>H</u> <u>1874</u> FEET FROM THE <u>North</u> LINE AND <u>554</u> FEET FROM THE <u>East</u> LINE, SECTION <u>10</u> TOWNSHIP <u>22S</u> RANGE <u>37E</u> N.M.P.M.			10. Field and Pool, or Withcat Eunice San Andres South
15. Elevation (Show whether DF, RT, GR, etc.)			12. County Lea

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
REPAIR OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>

SUBSEQUENT REPORT OF:

REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOBS <input type="checkbox"/>	OTHER <u>Add perforations</u> <input checked="" type="checkbox"/>

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.

Set CIBP at 4000'. Test CIBP and casing to 500 psi. Perforated from 3836' - 3952' with 1JHPF. Acidized from 3836' - 3952' with 5250 gals 15% NEFE HCL. Equipped well to pump and returned to production.

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

SIGNED MW Casey TITLE Division Proration Engineer DATE 9/5/86

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT 1 SUPERVISOR

COPIES OF APPROVAL, IF ANY:

RECEIVED
SEP 12 1986
O.C.C.
HOBBY OFFICE