

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-103  
Revised 1-1-89

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

OIL CONSERVATION DIVISION  
P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

WELL API NO.	30-025-01992
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
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.)	
1. Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Lease Name or Unit Agreement Name Lea "FE" State
2. Name of Operator Chevron U.S.A. Inc.	8. Well No. 3
3. Address of Operator P.O. Box 670, Hobbs, NM 88240	9. Pool name or Wildcat Vacuum Queen Gas
4. Well Location Unit Letter <u>D</u> : <u>660</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>West</u> Line Section <u>11</u> Township <u>17S</u> Range <u>34E</u> NMPM Lea Country	
10. Elevation (Show whether DF, 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 <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: <input type="checkbox"/>

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.

CAP CIBP @ 4170' W/35' OF CMT. SET CIBP @ 3800' & CAP W/35' OF CMT. PRESSURE TEST 5 1/2" CASING TO 500 PSI. DISPLACE WELLBORE W/P&A MUD F 3800' TO SURF. PERF 5 1/2" CSG @ 350'. RU SWAGE ON 5 1/2" CSG & SQUEEZE PERFS @ 350 W/100 SXs CLASS C CEMENT. \*ATTEMPT TO CIRC CEMENT TO SURFACE ON 8 5/8" x 5 1/2" ANNULUS. LEAVE 5 1/2" CASING FULL OF CEMENT. CUT OFF WELLHEAD 3' BELOW GL INSTALL DRY HOLE MARKER.

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

SIGNATURE M. E. Akins TITLE Staff Drlg. Engr. DATE 11-28-89

TYPE OR PRINT NAME M. E. Akins

TELEPHONE NO. 393-4121

(This space for State Use)

APPROVED BY ORIGINAL SIGNED BY JERRY SEXTON TITLE DISTRICT I SUPERVISOR DATE DEC 01 1989

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

NOV 30 1969

OCD  
MOBBS OFFICE