

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department
OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

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, Nmn 87410

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 _____ GAS _____ WELL <input type="checkbox"/> WELL <input checked="" type="checkbox"/> OTHER _____	
2. Name of Operator CHEVRON U.S.A. INC.	
3. Address of Operator P.O. BOX 1150, MIDLAND, TEXAS 79702	
4. Well Location Unit/Letter J : 2310 Feet From The SOUTH Line and 2310 Feet From The EAST Line Section 31 Township 19S Range 37E NMPM LEA County	
10. Elevation(Show whether OF, RKB, RT, GR, etc.) 3582' GL	
11 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"/>
PULL OR ALTER CASING <input type="checkbox"/>	
OTHER: STIMULATE <input checked="" type="checkbox"/>	
SUBSEQUENT REPORT OF:	
REMEDIAL WORK <input type="checkbox"/>	ALTER CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABAN. <input type="checkbox"/>
CASING TEST AND CMT JOB <input type="checkbox"/>	
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.

CHEVRON PROPOSES TO STIMULATE:

MIRU PU, STIMULATE EXISTING PERFS IN WELL WITH ACID AND SAND FRAC
FLOW BACK AND RETURN TO PRODUCTION.

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

SIGNATURE Rory Matthews TITLE DRILLING TECH. DATE: 3/10/95
TYPE OR PRINT NAME RORY MATTHEWS TELEPHONE NO. (915) 687-7812

ORIGINAL SIGNED BY JERRY SEXTON

APPROVED BY DISTRICT I SUPERVISOR DATE MAR 14 1995
CONDITIONS OF APPROVAL, IF ANY: