

Copies
riate
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

I
1980, Hobbs, NM 88240
II
er Od, Artesia, NM 88210
III
Brazos Rd., Aztec, Nm 87410

API NO. (assigned by OCD on New Wells) 30-025-20607	
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>	
6. State Oil & Gas Lease No. N/A	
7. Lease Name or Unit Agreement Name NORTH WILSON DEEP UNIT	
8. Well No. 1	
9. Pool name or Wildcat OSUDO MORROW GAS	

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.)

of Well:
☐ GAS
☐ WELL ☒ OTHER

of Operator
CHEVRON U.S.A. INC.

as of Operator
PO BOX 1150 MIDLAND, TX 79702 ATTN: NITA RICE

ocation
er 0 : 660 Feet From The SOUTH Line and 1980 Feet From The EAST Line
31 Township 20S Range 36E NMPM LEA County

10. Elevation(Show whether DF, RKB, RT, GR, etc.)
3653' KB

Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data			
NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
REMEDIAL WORK	<input type="checkbox"/>	REMEDIAL WORK	<input type="checkbox"/>
PLUG AND ABANDON	<input type="checkbox"/>	COMMENCE DRILLING OPNS.	<input type="checkbox"/>
ARILY ABANDON	<input type="checkbox"/>	CASING TEST AND CMT JOB	<input type="checkbox"/>
CHANGE PLANS	<input type="checkbox"/>	OTHER: <u>ACDZ</u>	<input checked="" type="checkbox"/>
ALTER CASING	<input type="checkbox"/>		

cribe Proposed or Completed Operations(Clearly state all pertinent details, and give pertinent dates, including
ed date of starting any proposed work) SEE RULE 1103.

WORK STARTED 06/13/94. BLOW CSG DOWN. BLED TBG. SUSPEND OPERATIONS.MIRU 06/28/94.
LOAD TBG W/45 BBLS WTR.SUSPEND OPERATIONS. MIRU 07/11/94. MIRU ND WH, NU BOP.
RIH W/TBG. SWAB. ACDZ PERFS W/8000 GALS OF 7.5% HCL W/1000 SCF N2. SWAB.
RDMO. TURN WELL OVER TO PRODUCTION 07/14/94.

ertify that the information above is true and complete to the best of my knowledge and belief.

E Wendi Kingston TITLE TECH. ASSISTANT DATE: 08/04/94

PRINT NAME WENDI KINGSTON TELEPHONE NO. (915)687-7436

ORIGINAL SIGNED BY JERRY GUYTON
DISTRICT I SUPERVISOR DATE AUG 08 1994

D BY _____ TITLE _____ DATE _____

ONS OF APPROVAL, IF ANY: _____