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Submit 3 Copies to Appropriate District Office

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

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

APR 26 1991

O. C. D.

Form C-103
Revised 1-1-89

WELL API NO.
30-015-00196

5. Indicate Type of Lease STATE ☐ FEE ☒

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 ☐ GAS WELL ☐ OTHER injector

7. Lease Name or Unit Agreement Name
Atoka San Andres Unit

2. Name of Operator
Chevron USA Inc ✓

8. Well No.
144

3. Address of Operator
P.O. Box 1150 Midland Tx 79702 Attn Rm 4111

9. Pool name or Wildcat
San Andres

4. Well Location
Unit Letter I : 330 Feet From The East Line and 2310 Feet From The South Line

Section 14 Township 18S Range 26E NMPM Eddy County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3292

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK	☒	PLUG AND ABANDON	☐	REMEDIAL WORK	☐	ALTERING CASING	☐
TEMPORARILY ABANDON	☐	CHANGE PLANS	☐	COMMENCE DRILLING OPNS.	☐	PLUG AND ABANDONMENT	☐
PULL OR ALTER CASING	☐			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.

MIRU RIH w/4 3/4" b.t C/O to PBTD @ 1728'. Spot 55 gals Treatolite DD-104. Make a few short trips w/b.t. ACD's w/3000 gals 15% NEFE swab back RIH w/inj equip. Turn over to production.

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

SIGNATURE E.O. Doherty TITLE I.A. Delg DATE 4/24/91

TYPE OR PRINT NAME E.O. Doherty TELEPHONE NO. 687-7812

(This space for State Use) ORIGINAL SIGNED BY MIKE WILLIAMS SUPERVISOR, DISTRICT II

APPROVED BY _____ TITLE _____ DATE APR 30 1991

CONDITIONS OF APPROVAL, IF ANY: