

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

RECEIVED

FEB 07 '89

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| 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.) | | WELL API NO. |
| 1. Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER | | 5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/> |
| 2. Name of Operator Chevron U.S.A. Inc. ✓ | | 6. State Oil & Gas Lease No. |
| 3. Address of Operator P.O. Box 670, Hobbs, NM 88240 | | 7. Lease Name or Unit Agreement Name Atoka San Andres Unit |
| 4. Well Location Unit Letter <u>B</u> : <u>330</u> Feet From The <u>North</u> Line and <u>1650</u> Feet From The <u>East</u> Line Section <u>15</u> Township <u>18S</u> Range <u>26E</u> NMPM <u>Eddy</u> County | | 8. Well No. 134 |
| 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3335' | | 9. Pool name or Wildcat Atoka (San Andres) |

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|--|---|
| 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: <u>add perfs, acdz, pmp under pkr</u> <input checked="" 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.

It is proposed that the casing leak be verified, perfs be added at \pm 1496'1504', 1521-26, 1534-40, 1548-52, 1555-60 and 1565-70 at 1 JHPF (33 holes total). Acdz perfs (1580-1683 w/2000 gallons 15% NEFE HCL, Swab back until well cleans up. Set pkr at \pm 1460, attempt to load BS and test to 500psi, suspect csg leak. Acdz perfs 1496-1570 w/3000 gallons 15% NEFE HCL. Swab back, RIH w/ prod. equip. Place well on test.

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

SIGNATURE L. K. Elmoe TITLE Technical Asst. DATE 2-6-89

TYPE OR PRINT NAME TELEPHONE NO.

(This space for State Use)

APPROVED BY Johnny Robinson TITLE OIL AND GAS INSPECTOR DATE 2-10-89
CONDITIONS OF APPROVAL, IF ANY:

Repair work & locating casing leak