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OPERATOR	<input checked="" type="checkbox"/>

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

OCT 07 '88

Form C-103
Revised 10-1-

5a. Indicate Type of Lease
State <input type="checkbox"/> Fee <input checked="" type="checkbox"/>
5. State Oil & Gas Lease No.

O. C. D.

ARTESIA, OFFICE

SUNDY 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.

OIL WELL ☐ GAS WELL ☒ OTHER ☐

Name of Operator

Chevron U.S.A. Inc. ✓

Address of Operator

P.O. Box 670 Hobbs, NM 88240

Location of Well

UNIT LETTER J 1650 FEET FROM THE South LINE AND 1980 FEET FROM
THE East LINE, SECTION 15 TOWNSHIP 18S RANGE 26E N.M.P.M.

7. Unit Agreement Name

8. Farm or Lease Name
C. R. Martin9. Well No.
110. Field and Pool, or Whicat
Atoka Penn

15. Elevation (Show whether DF, RT, GR, etc.)

3338

12. County
Eddy

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO:

FORM REMEDIAL WORK ☒
PARTIALLY ABANDON ☐
OR ALTER CASING ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐

OTHER ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐
COMMENCE DRILLING OPS. ☐
CASING TEST AND CEMENT JOBS ☐

ALTERING CASING ☐
PLUG AND ABANDONMENT ☐

OTHER ☐

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 to repair tubing leak as follows:

POOH w/rods and pump. Tst tbg, POOH w/ tbg, visually inspect tbg for leaks or signs of excessive rod wear. Run GR/CCL. If necessary dump sand from TD to 8989'. Dump hydromite f/8989' - 8972'. RIH w/ rod pumping equipment. Turn over to production dept.

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

L. K. Emme / M. E. Williams

TITLE: Staff Drilling Engineer

DATE: October 4, 1988

Original Signed By
Mike Williams

FILED BY

TITLE

DATE: OCT 11 1988

NOTATIONS OF APPROVAL, IF ANY: