

DISTRICT I

P.O. Box 1980, Hobbs, NM 88240

DISTRICT II

P.O. Box 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

WELL API NO.

3002502273

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil / Gas Lease No.

857948

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMI
(FORM C-101) FOR SUCH PROPOSALS.

1. Type of Well: OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. Name of Operator
CHEVRON USA INC

3. Address of Operator
15 SMITH ROAD, MIDLAND, TX 79705

4. Well Location

Unit Letter K : 1980 Feet From The SOUTH Line and 1980 Feet From The WEST Line

Section 2 Township 18S Range 34E NMPM LEA COUNTY

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

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☒ ALTERING CASING ☐
COMMENCE DRILLING OPERATION ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: TBG FAILURE & CLEAN OUT ☒

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.

8-24-04: MIRU KEY #320. BLEED WELL DN TO FRAC TANK. UNSEAT PUMP. WILL REPLACE ROD STRING. PUMP 50 BBLs BRINE. INSTL BOP. TIH W/1260' KILL STRING.

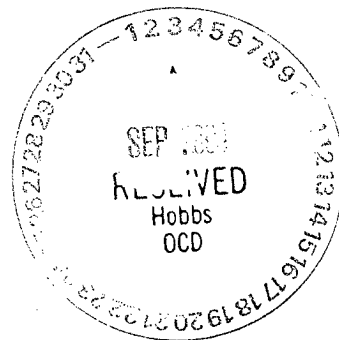
8-25-04: CIRC 50 BBLs BRINE. TIH W/BAILER & SHUT DN @ CSG SHOE.

8-26-04: PUMP 2500 GALS 15% HCL ACID. FLOW WELL BACK TO FRAC TANK. RU SWAB.

8-27-04: REL PKR. PU PKR & PLUG. TIH & SET PLUG @ 4212. TEST TO 1000 PSI. TEST CSG TO 500 PSI FR 30-SURFACE TO PLUG @ 4212. NO COMMUNICATION ON SURFACE HEAD VALVE. TIH W/2 7/8" WS.

8-30-04: TIH W/PROD TBG. TIH W/RODS.

8-31-04: LD 125 JTS 2 7/8" TBG. DUMP 2 SX SAND & LOAD CSG WATER. RIG DOWN PU. DIG OUT CELLAR.



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

SIGNATURE Denise Leake TITLE Regulatory Specialist

DATE 9/1/2004

TYPE OR PRINT NAME Denise Leake

Telephone No. 915-687-7375

(This space for State Use)

APPROVED Chris Williams
CONDITIONS OF APPROVAL, IF ANY: TITLE

DATE SEP 03 2004