

Submit 1 Copy To Appropriate District Office

District I - (575) 393-6161  
1625 N. French Dr., Hobbs, NM 88240  
District II - (575) 748-1283  
811 S. First St., Artesia, NM 88210  
District III - (505) 334-6178  
1000 Rio Brazos Rd., Aztec, NM 87410  
District IV - (505) 476-3460  
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico  
Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

Form C-103  
Revised July 18, 2013

WELL API NO. 30-025-35778
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name MANZANITA STATE
8. Well Number 2
9. OGRID Number 4323
10. Pool name or Wildcat FEATHERSTONE;BONE SPRING
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3699'

HOBBS OOD  
NOV 21 2019  
RECEIVED

SUNDRY NOTICES AND REPORTS ON WELLS  
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG OR TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (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  
6301 DEAUVILLE BLVD, MIDLAND, TEXAS 79706

4. Well Location  
Unit Letter D : 660 feet from the NORTH line and 660 feet from the WEST line  
Section 16 Township 20S Range 35E NMPM County LEA

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

<b>NOTICE OF INTENTION TO:</b>		<b>SUBSEQUENT REPORT OF:</b>	
PERFORM REMEDIAL WORK <input checked="" type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
CLOSED-LOOP SYSTEM <input type="checkbox"/>			
OTHER: <input type="checkbox"/>		OTHER: <input type="checkbox"/>	

13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

THE SUBJECT WELL IS DOWN TO TUBING FAILURE. THE WORK TO BE DONE IS AS FOLLOWS:  
PRESSURE TEST TUBING PRIOR TO VERIFY TUBING DOES NOT HOLD PRESSURE, RUPU, POOH WITH RODS AND PUMP. LD AND REPLACE ANY RODS/COUPLINGS WITH WEAR AND/OR PITTING. RELEASE BAD RODS W/INSPECTION USED. SEND PUMP IN TO PUMP SHOP TO PERFORM TEARDOWN. CLEAN TUBING ID WITH PARAFFIN KINFE AND SWAB CUPS. POOH W/TUBING SCANNING. LD ALL TUBING W/30% OR MORE WALL LOSS AND REPLACE FAILED JNTS W/BLUE BAND. LD BHA, RIH W/SAME DESIGN AS CURRENT AND RIH W/TUBING. PU, RIH WITH PUMP AND RODS. LAND PUMP, SPACE WELL OUT AND LONG STROKE. RDMO

Spud Date:

Rig Release Date:

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

SIGNATURE Cindy Herrera-Murillo TITLE PERMITTING SPECIALIST DATE 11/20/2019

Type or print name Cindy Herrera-Murillo E-mail address: eeof@chevron.com PHONE: 575-263-0431

APPROVED BY: Kerry Forke TITLE C.O. A DATE 11-25-19

Conditions of Approval (if any)