

Submit 3 Copies To Appropriate District
Office
District I
1625 N French Dr , Hobbs, NM
District II
1301 W Grand Ave , Artesia, NM 88210
District III
1000 Rio Brazos Rd , Aztec, NM 87410
District IV
1220 S St Francis Dr , Santa Fe, NM
87505

State of New Mexico
Energy, Minerals and Natural Resources
RECEIVED
OIL CONSERVATION DIVISION
JAN 29 2010 1220 South St. Francis Dr.
Santa Fe, NM 87505
HOBBSUCD

Form C-103
March 4, 2004

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. 30-025-25056 ✓
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input checked="" type="checkbox"/>		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
2. Name of Operator Chevron USA, Inc. ✓		6. State Oil & Gas Lease No.
3. Address of Operator 15 Smith Rd., Midland, Tx 79705		7. Lease Name or Unit Agreement Name H.T. Mattern NCT-D ✓
4. Well Location Unit Letter <u>K</u> : <u>2130</u> feet from the <u>South</u> line and <u>1860</u> feet from the <u>West</u> line Section <u>6</u> Township <u>22-S</u> Range <u>37-E</u> NMPM Lea County		8. Well Number 12 ✓
11. Elevation (Show whether DR, RKB, RT, GR, etc.)		9. OGRID Number 4323 ✓
		10. Pool name or Wildcat Blinberry/Tubb/Drinkard ✓

Pit or Below-grade Tank Application (For pit or below-grade tank closures, a form C-144 must be attached)

Pit Location: UL K Sect 6 Twp 22S Rng 37E Pit type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____
Distance from nearest surface water _____ Below-grade Tank Location UL _____ Sect _____ Twp _____ Rng _____;
2130 feet from the South line and 1860 feet from the West line

12. 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 ☐ MULTIPLE COMPLETION ☐
OTHER ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☒
CASING TEST AND CEMENT JOB ☐
OTHER: ☐

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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

1. Notified OCD 24 hrs prior to MIRU to P & A. 1/21/10
2. Circ Well w/ MLF 5385'-surface 1/22/10
3. Spot 50sx Class C Cmt 5385'-5000' 1/22/10
4. Spot 25sx Class C Cmt@3750', Tag@3495' 1/22/10
5. Perf@2550', No Squeeze, Spot 40sx Class C Cmt@2600'
Tag Toc@2320'. 1/25/10
6. Perf@1238', Squeezed 80sx Class C Cmt 1/25/10, Tag Toc@974', 1/26/10

7. Perf@400', Circ 110sx Class C Cmt 400'-surface,
Tag@Surface 1/26/10
8. Install Dry Hole Marker 1/26/10

Approved for plugging of well bore only.
Liability under bond is retained pending receipt
of C-103 (Subsequent Report of Well Plugging)

I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines ☐, a general permit ☐ or an attached Alternative OCD-approved plan ☐.

SIGNATURE Jimmy Babley TITLE MANAGER DATE 1-27-10

Type or print name Jimmy Babley E-mail address: sunsetwellservice@yahoo.com Telephone No. 432-561-8600

(This space for State use)

OCD FIELD REPRESENTATIVE/STAFF MANAGER

APPROVED BY [Signature] TITLE _____ DATE 2-2-10
Conditions of approval, if any: _____