

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

WELL API NO.
30-025-02726

5. Indicate Type of Lease
STATE ☐ FEE ☒

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

GLISSIE DEARDUFF

8. Well No.

9. Pool name or Wildcat

H.E. Edison Miss. op. in

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.)

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

2. Name of Operator
Chevron USA INC.

3. Address of Operator
P.O. Box 1150 Midland TX 79702 ATTN: RM 4111

4. Well Location

Unit Letter F : 2277 Feet From The North Line and 1980 Feet From The West Line

Section 3 Township 16S Range 35E NMMP 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 ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

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

OTHER: REPAIR CS9 LEAK ACD'Z ☒

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.

MIRU Pump + b9 + RODS stuck.
Started Fishing operation Total RECOVERY of
FISH. Isolate CS9 LEAK f/5879-5941' SET RBP @ 10,300
Dump 25x SD on top SET CIRC @ 5846' Pump 700' C' cmt 86sx
into formation + 20 sx REVERSED out. cmt to surf via 5 1/2 x 8 5/8.
ACD'Z w/5000 gals 28% NEFE Flow well turn over to production.
work started 2/22/91 ENDED 3/21/91

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

SIGNATURE E.O. Doherty

TITLE T.A. Drlg

DATE 3/22/91

TYPE OR PRINT NAME E.O. Doherty

687-7812

TELEPHONE NO.

(This space for State Use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: