

Section 3 Covers
Is Applicable
District Office

State of New Mexico
Minerals and Natural Resources Department

Form C-103
Revised 1-1-39

P.O. Box 1982, Hobbs, NM 88240

P.O. Drawer 10, Aztec, NM 88210

1000 Rio Grande Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO.	30-025-05312
5. Indicate Type of Lease	STATE ☐ FEE ☒
6. State Oil & Gas Lease No.	

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 ☐	7. Lease Name or Unit Agreement Name L. R. Chamberlain
2. Name of Operator Chevron U.S.A. Inc.	8. Well No. 2
3. Address of Operator P.O. Box 670, Hobbs, NM 88240	9. Foot name or Wildcat Denton Wolfcamp
4. Well Location Unit Later C : 660 Feet From The North Line and 1980 Feet From The West Line Section 14 Township 15S Range 37E 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:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK ☐	REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐	ALTERING CASING ☐
PULL OR ALTER CASING ☐	COMMENCE DRILLING OPNS. ☐
OTHER: Add perms, acidz ☒	PLUG AND ABANDONMENT ☐
	CASING TEST AND CEMENT JOBS ☐
	OTHER: ☐

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.

It is proposed to add lower Wolfcamp perms w/4" csg gun, 180° phasing at 4 JHPF intervals will be picked f/Neutron log. Acidize, swab back residue, return in hole w/production equipment.

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

SIGNATURE J. Elmore TITLE Technical Assistant DATE 6-6-89

TYPE OR PRINT NAME

TELEPHONE NO.

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____

JUN 7 1989

DATE

CONDITIONS OF APPROVAL, IF ANY: