

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 88241-1980

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.	30-025-26703
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	
STATE HU	
8. Well No.	1
9. Pool name or Wildcat	
YOUNG; SAN ANDRES, SOUTH	

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER	2. Name of Operator Chevron U.S.A. Inc.	3. Address of Operator P.O. Box 1150, Midland, TX 79702
4. Well Location Unit Letter <u>J</u> : <u>1980</u> Feet From The <u>SOUTH</u> Line and <u>1980</u> Feet From The <u>EAST</u> Line Section <u>32</u> Township <u>18S</u> Range <u>32E</u> 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 OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
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.

POH W/PROD EQPT. SET CIPB @ 9000'. PERFD 5040'-5100'. ACIDIZED 5040'-5100' W/7000 GALS 15%
ANTI SLUDGE & 110 RCNB'S. FRACD 5040'-5100'. RIH W/TBG, PUMP & RODS; TBG SET @ 5176'.

WORK PERFORMED 10/7/96 - 10/18/96

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

SIGNATURE J. K. Ripley TITLE TECHNICAL ASSISTANT DATE 1/7/97
TYPE OR PRINT NAME J. K. RIPLEY TELEPHONE NO. (915)687-7148

(This space for State Use)

OFFICIAL SIGNED BY
J. K. RIPLEY
J. K. RIPLEY

APPROVED BY _____ TITLE _____ DATE JAN 09 1997
CONDITIONS OF APPROVAL, IF ANY: _____