

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

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SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease
State ☒ Fee ☐
5. 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.)

OIL WELL <input checked="" type="checkbox"/>	GAS WELL <input type="checkbox"/>	OTHER <input type="checkbox"/>	7. Unit Agreement Name H. V. Black
1. Name of Operator Chevron U.S.A. Inc.			8. Farm or Lease Name
3. Address of Operator P.O. Box 670, Hobbs, NM 88240			9. Well No. #1
4. Location of Well UNIT LETTER <u>K</u> 1980 FEET FROM THE <u>South</u> LINE AND 1980 FEET FROM THE <u>West</u> LINE, SECTION <u>13</u> TOWNSHIP <u>17S</u> RANGE <u>38E</u> N.M.P.M.			10. Field and Pool, or Wildcat Knowles - Devonian South
15. Elevation (Show whether DF, RT, GR, etc.) 3685' GLE			12. County Lea

16. 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 Find possible casing leak ☒

SUBSEQUENT REPORT OF:

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

17. 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.

This well has a possible casing leak. It is proposed to test the 5½" casing string for a possible leak and to repair the leak if found and restore to production. Details to follow once work begins.

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

SIGNED [Signature] TITLE DIVISION DRLG. SUPERINTENDENT DATE 10-09-86

APPROVED BY ORIGINAL SIGNED BY JERRY [Signature] TITLE DISTRICT 1 SUPERVISOR DATE 0013 1986

CONDITIONS OF APPROVAL, IF ANY: