

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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DISTRIBUTION	
SANTA FE	
FILE	
U.S.O.S.	
LAND OFFICE	
OPERATOR	

3a. Indicate Type of Lease	
State ☒	Fee ☐
5. State Oil & Gas Lease No. B-1838	

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 ☒ GAS WELL ☐ OTHER ☐

Name of Operator

Chevron USA Inc.

Address of Operator

P.O. Box 1660 Midland, Texas 79702

Location of well

UNIT LETTER F 2080 FEET FROM THE North LINE AND 1980 FEET FROM
THE West LINE, SECTION 32 TOWNSHIP 17-S RANGE 35-E NMPM.

7. Unit Agreement Name

8. Farm or Lease Name

State 3-32

9. Well No.

5

10. Field and Pool, or Wildcat

Vacuun (Glorieta)

15. Elevation (Show whether DF, RT, GR, etc.)

KB 3976

12. County

Lea

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO:

FORM REMEDIAL WORK ☒

TEMPORARILY ABANDON ☐

PL OR ALTER CASING ☐

OTHER ☐

PLUG AND ABANDON ☐

CHANGE PLANS ☐

REMEDIAL WORK ☐

COMMENCE DRILLING OPER. ☐

CASING TEST AND CEMENT JOB ☐

OTHER ☐

SUBSEQUENT REPORT OF:

ALTERING CASING ☐

PLUG AND ABANDONMENT ☐

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.

1. MI RU PU, POOH w/ rods and pump.
2. NDWH NUBOP. POOH w/ tbg.
3. RIH w/ pkr and tbg, hydra testing tubing to 5000 psi above slips.
4. Set pkr @ 6000 ft.
5. Acidize perfs (6100-6140) w/ 5000 gals 15% HENCL.
6. Swab back load.
7. POOH w/ tbg and pkr.
8. RIH w/ prod tbg, pump and rods.
9. Place well on production.

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

James L. Corigan

TITLE Asst. Production Foreman

DATE April 26, 1985

DISTRICT 1 SUPERVISOR

COPIED BY

TITLE

DATE

APR 26 1985

ADDITIONS OF APPROVAL, IF ANY: