

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.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.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER-	7. Unit Agreement Name
2. Name of Operator Chevron U.S.A. Inc.	8. Farm or Lease Name State 3-32
3. Address of Operator P.O. Box 670, Hobbs, NM 88240	9. Well No. 7
4. Location of Well UNIT LETTER C 760 FEET FROM THE North LINE AND 1980 FEET FROM THE West LINE, SECTION 32 TOWNSHIP 17S RANGE 35E NMPM.	10. Field and Pool, or Wildcat Vacuum Glorieta
15. Elevation (Show whether DF, RT, GR, etc.) 3967 GR	12. County Lea

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

SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER <input checked="" type="checkbox"/> Repaired casing

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.

While replacing rods and pump, discovered collapsed casing. Received verbal approval from Evelyn Downs with OCD 4/22/86 to repair casing. Repaired casing. Test casing to 500 psi. TIH with packer to 6145' and test tubing to 3000 psi. Acidized perfs, 6080' - 6168', with 1340 gals 15% NEFE HCL. TIH with tubing, pumps, and rods. Returned well to production.

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

SIGNED <u>MW Casey</u>	TITLE <u>Division Proration Engineer</u>	DATE <u>5/13/86</u>
ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR		
APPROVED BY _____	TITLE _____	DATE <u>MAY 16 1986</u>
CONDITIONS OF APPROVAL, IF ANY:		