

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 88240

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.

30-025-28158

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

LEA T2' STATE

8. Well No.

9. Pool name or Wildcat

SCHARB / BONE SPRING

1. Type of Well:

OIL
WELL ☒

GAS
WELL ☐

OTHER

2. Name of Operator

CHEVRON USA INC.

3. Address of Operator

P.O. Box 1150 MIDLAND TX 79702 ATTN: E.O. DOMERLY R4411

4. Well Location

Unit Letter C : 660 Feet From The North Line and 1980 Feet From The West Line

Section 16

Township 19S

Range 35E

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.

MIRU SET CIBP @ 9500' CAP W/35' cmt. Circ P&A mud W/200 bbls.
Cut & pull 5 1/2" csq. cut @ 7900' pump 11 0' cmt plug 45sx "C".
TAG plug @ 7790'. Set 40sx plug f/5400'-5200'. Set plug f/4250'-4050'
60sx "C". TAG plug @ 4070'. Set 80sx plug f/1934'-1734'. Perf 9 5/8"
csq @ 275'. Pump 135sx "C" cmt. circ to surf through 9 5/8" x 13 3/8"
ANNULUS LEAVING THE 9 5/8" WITH A plug f/275' to surf. Install Dry
hole marker Well P&A'D. WORK STARTED 12/28/90 ENDED 1/7/91

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

SIGNATURE

E.O. Domerly

TITLE

T.A. Delg

DATE

1/9/91

TYPE OR PRINT NAME

E.O. DOMERLY

715-687-7812
TELEPHONE NO.

(This space for State Use)

APPROVED BY

[Signature]

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: