

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. 30-025-28241
5. Indicate Type of Lease STATE ☒ FEE ☐
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name LEATZ STATE
8. Well No. 2
9. Pool name or Wildcat SCHARB/ANE SPRING
10. Elevation (Show whether DF, RKB, RT, GR, etc.)

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 ☒ GAS WELL ☐ OTHER ☐
2. Name of Operator CHEVRON USA INC
3. Address of Operator P.O. Box 1150 Midland TX 79707 ATTN: EIS DOHERTY RM 4111
4. Well Location Unit Letter B : 460 Feet From The North Line and 1980 Feet From The EAST Line Section 16 Township 19S Range 35E NMPM LEA County LEA

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK ☐	REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐	ALTERING CASING ☐
PULL OR ALTER CASING ☐	COMMENCE DRILLING OPNS. ☐
OTHER: ☐	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 @ 9550 DUMPED 35' CMT. ON CIBP CIRC WELL WITH
9.5 35u's mud. Cut CSG @ 7400' pulled 167' 1/2 CSG. Spot 4554 plug f/ 7500-
7308 tag plug. Spot 60 sx plug f/ 5364-5164. Set 60 sx plug f/ 4365-4270. Spot
another 35 sx plug f/ 4270-4165 est. Spot 60 sx cmt plug f/ 1937-1737. Spot 60'
cmt plug to surface. Dig out cellar cut off well head, install P&A marker.
WORK STARTED 12/15/90
ENDED 12/17/90

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

SIGNATURE E. C. Doherty TITLE T.A. Delg DATE 12/17/90
TYPE OR PRINT NAME E.C. DOHERTY TELEPHONE NO. 915 687-7812

(This space for State Use)
APPROVED BY R A Ladd TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: