

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.	30-025-30582
5. Indicate Type of Lease	STATE ☒ FEE ☐
6. 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. Type of Well: OIL WELL ☒ GAS WELL ☐ OTHER ☐	7. Lease Name or Unit Agreement Name J. R. Holt
2. Name of Operator Chevron U.S.A. Inc.	8. Well No. 2
3. Address of Operator P.O. Box 670, Hobbs, NM	9. Pool Name or Wildcat Shipp Strawn
4. Well Location Unit Letter <u>C</u> : <u>2210</u> Feet From The <u>West</u> Line and <u>940</u> Feet From The <u>North</u> Line Section <u>2</u> Township <u>17S</u> Range <u>37E</u> NMPM Lea County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) <u>3760.2GR</u>	

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.	

3-30-89 Drlg and survey 11" hole. TD 11" hole at 4450', 4-3-89. (7PM).
Ran 108 jts 8 5/8" csg. Set at 4450. FC at 4365. Circ capacity. Cmt
w/800sx C1 C. Tailed w/200sx C1 C. Left 33sx in csg. Circ. 90sx cmt to
surf. NDBOPE, set slips, cut off and NU csg spool. Test void to 1000psi,
WOC 21 1/2 hrs.

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

SIGNATURE L. K. Simon TITLE Technical Assistant DATE 5-9-89

TYPE OR PRINT NAME

TELEPHONE NO.

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE MAY 11 1989

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

MAY 10 1988

OCD
HOBBS OFFICE