

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department
OIL CONSERVATION DIVISION

Form C-103
Revised 1-1-88

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

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

API NO. (assigned by OCD on New Wells)

30-025-04043

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

N/A

7. Lease Name or Unit Agreement Name
GRAHAM STATE (NCT-C)

8. Well No.

1

9. Pool name or Wildcat

EUMONT/PENROSE

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 U.S.A. INC.

3. Address of Operator

P.O. BOX 1150 MIDLAND, TX 79702 ATTN: NITA RICE

4. Well Location

Unit Letter

J

1980

Feet From The

SOUTH

Line and

1980

Feet From The

EAST

Section

24

Township

19S

Range

36E

NMPM

LEA

10. Elevation(Show whether DF, RKB, RT, GR, etc.)

5567' GL

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:

FRAC STIM

☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐

COMMENCE DRILLING OPNS. ☐

CASING TEST AND CMT JOB ☐

OTHER: ☐

ALTER CASING ☐

PLUG AND ABAN. ☐

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.

WE PROPOSE TO: MIRU PU. ND WH, NU BOP. LOAD BS W/2% KCL. FRAC PERFS 3535'-3630'
W/112,000 GALS 70/55 Q CO2 X-LINKED 40# GEL & 373,000 LBS 12/20 BRADY SD.
FLUSH. RIH W/TBG. DISP HOLE W/PKR FLUID. ND BOP, NU WH. TURN WELL OVER TO PRODUCTION.

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

SIGNATURE

Wendi Kingston

TITLE

TECH. ASSISTANT

DATE:

07/18/94

TYPE OR PRINT NAME

WENDI KINGSTON

TELEPHONE NO. (915)687-7436

APPROVED BY

ORIGINAL SIGNED BY JERRY SEXTON

TITLE

DISTRICT I SUPERVISOR

DATE

JUL 21 1994

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

JUL 1 1997

JOINT CHIEF
OFFICE