

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. 30-025-04108
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 Northwest Eumont Unit
2. Name of Operator Chevron U.S.A. Inc.	8. Well No. 152
3. Address of Operator P.O. Box 670, Hobbs, NM 88240	9. Pool name or Wildcat Eumont-Y-SR-QN
4. Well Location Unit Letter B : 660 Feet From The North Line and 1980 Feet From The East Line Section 34 Township 19S Range 36E 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: Perf, Acdz, Frac ☒

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.

ACDZ PENROSE 3900-70 W/3500GAL 20% NEFE & 1200# 50/50 GRS/BAF, PERF UPPER PENROSE W/1SHPF 3829-32, 3835-38, 3843-52, 3856-64, 3868-78 TTL 38 HOLES, ACDZ W/2700GAL 20% NEFE & 75 RCNBS @ 4BPM, FRAC UPPER PENROSE 3829-78 W/30682 GALS 40# XLHPG SYSTEM & 63990# 16/30 OTTAWA SD & 7050# 16/30 RESIN COATED SD SCREEN OUT W/ 4050# OF RESIN COATED SD IN FORMATION, C/O FRAC SD, TIH W/2 3/8" PROD TBG EOT @ 3801, TURN WELL OVER TO PROD @ 10 AM 11-20-89.

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

SIGNATURE M. E. Akins TITLE Staff Drlg. Engr. DATE 11-27-89

TYPE OR PRINT NAME M.E. Akins

TELEPHONE NO.

(This space for State Use)

APPROVED BY ORIGINAL SIGNED BY JERRY SEXTON

DISTRICT I SUPERVISOR

TITLE

CONDITIONS OF APPROVAL, IF ANY:

DEC 01 1989

RECEIVED

NOV 30 1983

OCU
MOBBS OFFICE