Submit 3 Copies to Appropriate District Office

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

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

Form C-103
Revised 1-1-89

WELL API NO. 30-025-04111

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. 166

3. Address of Operator: P.O. Box 670, Hobbs, NM 88240

9. Pool name or Wildcat: Eumont

4. Well Location
Unit Letter L : 1980 Feet From The South Line and 990 Feet From The West 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:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK ☐	PLUG AND ABANDON ☐	REMEDIAL WORK ☐	ALTERING CASING ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐		CASING TEST AND CEMENT JOB ☐	
OTHER: REPAIR CSG LEAK - TEMPORARILY ABANDON ☒		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.

TIH W/PROD EQUIPMENT, RU WL CO & SET CIBP @ 3700'± CAP CIBP W/30'CMT, TST CSG TO 600 PSI, TIH W/PKR & ISOLATE CSG LEAK, WE WILL NEED TO CONTACT JERRY SEXTON W/NMOCD @ 393-6161 TO DETERMINE THE NEXT STEPS TO SATISFY OCD RULES, SQZ CSG LK AS REQUIRED, CHANGE WELL STATUS TO TEMPORARILY ABANDONED.

NOTE: EITHER P&A MUD OR INHIBITED PACKER FLUID WILL BE USED ON THIS WELL DEPENDING ON RESULTS IN STEP #4 - ISOLATING CSG LEAK.

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

SIGNATURE M. E. Akins 2/5/90 TITLE Staff Drlg. Engr. DATE 2-5-90

TYPE OR PRINT NAME M.E. Akins TELEPHONE NO. 393-4121

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON
APPROVED BY DISTRICT I SUPERVISOR TITLE DATE FEB 07 1990

CONDITIONS OF APPROVAL, IF ANY: