

Submit 3 Copies
to Appropriate
District Office

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

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)

30-025-04218

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

GAS

WELL ☒

WELL ☐

OTHER

2. Name of Operator

CHEVRON U.S.A. INC.

3. Address of Operator

P.O. BOX 1150 MIDLAND, TX 79702 ATTN: P.R. MATTHEWS

8. Well No.

850

4. Well Location

Unit Letter

B

330 Feet From The

NORTH

Line and

1650 Feet From The

EAST

Line

Section

11

Township

20 S

Range

36 E

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 ☐

ALTER CASING ☐

COMMENCE DRILLING OPNS. ☐

PLUG AND ABAN. ☐

CASING TEST AND CMT JOB ☒

OTHER: SQX. LEAK, PERF, ACDZ ☒

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, POOH WITH PROD. EQUIP.

CO WH ,TST/WH TO 1000 PSI-OK.

ISOLATE CASING LEAK AT 107-486.

PERF 7" CSG. AT 695, SQZ CSG LEAK W/ 225 SXS. CMT.

TEST SQZ. TO 500 PSI-OK

LOG HOLE: GR-CCL.

PERF 5" CSG W/ 3 3/8" GUNS.

PERFS AT 3756-82, TOTAL OF 38 HOLES.

ACDZ 3782-3766, SWB/TST.

RETURN TO PRODUCTION.

WORK STARTED 9-2-91 WORK ENDED 9-16-91.

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

SIGNATURE

P.R. Matthews

TITLE

TECH. ASSISTANT

DATE:

9-19-91

TYPE OR PRINT NAME

P.R. MATTHEWS

TELEPHONE NO.

(915)687-7812

ORIGINAL SIGNED BY JERRY SEXTON

APPROVED BY

DISTRICT I SUPERVISOR

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

SEP 20 1991

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