

Submit 3 Copies  
to Approving  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-103  
Revised 1-1-39

DISTRICT OFFICE  
P.O. Box 1582, Hobbs, NM 88240

OIL CONSERVATION DIVISION

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

DISTRICT OFFICE  
P.O. Drawer DD, Aztec, NM 88210

DISTRICT OFFICE  
1000 Rio Arriba Rd., Aztec, NM 87410

|                              |                                                                        |
|------------------------------|------------------------------------------------------------------------|
| WELL API NO.                 | 30-025-06011                                                           |
| 5. Indicate Type of Lease    | STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/> |
| 6. State Oil & Gas Lease No. |                                                                        |

|                                                                                                                                                                                                              |                                                         |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|
| <b>SUNDY NOTICES AND REPORTS ON WELLS</b><br>(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<br>OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>                                                                             | 7. Lease Name or Unit Agreement Name<br>Bertie Whitmire |
| 2. Name of Operator<br>Chevron U.S.A. Inc.<br>Address of Operator<br>P.O. Box 670 Hobbs NM 88240                                                                                                             | 8. Well No. 1                                           |
| 4. Well Location<br>Township 20S Range 37E Lea County<br>Section 8                                                                                                                                           | 9. Pool name or Wildcat<br>Eunice Monument G/SA         |
| 10. Elevation (Show whether DF, RKB, RT, GR, etc.)<br>3557                                                                                                                                                   |                                                         |

|                                                                               |                                                     |
|-------------------------------------------------------------------------------|-----------------------------------------------------|
| 11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data |                                                     |
| <b>NOTICE OF INTENTION TO:</b>                                                | <b>SUBSEQUENT REPORT OF:</b>                        |
| PERFORM REMEDIAL WORK <input type="checkbox"/>                                | REMEDIAL WORK <input type="checkbox"/>              |
| TEMPORARILY ABANDON <input type="checkbox"/>                                  | ALTERING CASING <input type="checkbox"/>            |
| PULL OR ALTER CASING <input type="checkbox"/>                                 | COMMENCE DRILLING OPNS. <input type="checkbox"/>    |
| OTHER: T.A Grayburg, Perf Acdz Eumont Gas <input checked="" type="checkbox"/> | PLUG AND ABANDONMENT <input type="checkbox"/>       |
|                                                                               | CASING TEST AND CEMENT JOB <input type="checkbox"/> |
|                                                                               | OTHER: <input type="checkbox"/>                     |

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.

Set CIBP @ 3415' dump 35sx cmt.on CIBP. Perf from 3200' to 3220' Acadz new perfs swab back. If Penrose is wet will perf,acadz,frac Seven River Queen 2700'3130'.

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

SIGNATURE M. E. Kevin TITLE Staff Dir'l. Engr. DATE 9/1/89  
TYPE OR PRINT NAME 393-4121 TELEPHONE NO.

(This space for State Use)

Orig. Signed by  
Paul Kautz  
Geologist

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

SEP 6 1989