

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 1880, 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)

30-025-12477

6. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

A-1541-1

7. Lease Name or Unit Agreement Name

GRAHAM STATE (NCT-F)

8. Well No.

4

9. Pool name or Wildcat

EUMONT GAS

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 0 : 660 Feet From The SOUTH Line and 1980 Feet From The EAST Line
Section 36 Township 19S Range 36E NMPM LEA County

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

3589' 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 ☐ ALTER CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABAN. ☐
CASING TEST AND CMT JOB ☐
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.

WE PROPOSE TO: MIRU PU, ND WH, NU BOP. FRAC PERFS 2820'-3270' W/120,000 GALS
70/55 Q CO2 X-LINKED 40# GEL AND 400,000 LBS 12/20 BRADY SD. SI FOR 2 HRS.
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

TITLE

TECH. ASSISTANT

DATE: 07/28/94

TYPE OR PRINT NAME

WENDI KINGSTON

TELEPHONE NO. (915)687-7436

ORIGINAL SIGNED BY JERRY SEXTON

AUG 01 1994

APPROVED BY

TITLE

DISTRICT I SUPERVISOR

DATE

CONDITIONS OF APPROVAL, IF ANY: