

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-103  
Revised 10-1-78

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DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease
State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. 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. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER-	7. Unit Agreement Name West Pearl Queen
2. Name of Operator Chevron U.S.A. Inc.	8. Farm or Lease Name
3. Address of Operator P.O. Box 670 Hobbs, NM 88240	9. Well No. 170
4. Location of Well UNIT LETTER <u>C</u> <u>110</u> FEET FROM THE <u>North</u> LINE AND <u>1345</u> FEET FROM THE <u>West</u> LINE, SECTION <u>32</u> TOWNSHIP <u>19S</u> RANGE <u>35E</u> N.M.P.M.	10. Field and Pool, or Wildcat Pearl Queen
15. Elevation (Show whether DF, RT, GR, etc.) 3742 GL	12. County Lea

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data  
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>	OTHER <input checked="" type="checkbox"/> Completion

17. 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.

Tested 5½" casing to 1000psi. Ran CBL/CCL/GR logs from 5074-3000'. Perforated from 4788-5003 with 7 holes. Acidized with 950 gallons 7½% MCA. Acidized with 3000 gallons 15% NEFE HCL. Fracture treated well with 31,000 gallons X-linked Gel with 21,000# 20/40 sand and 35,000# 12/20 sand. Equiped to pump and pump tested well. Set CIBP @ 4975' (tested to 1000psi) 10-20-1985. Fracture treated from 4788-4809 with 18,800 gallons X-link Gel with 33,600# 20/40 sand. Equip to pump.

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

SIGNED Eddie W. Seay TITLE Division Drilling Manager DATE 11-20-1985

APPROVED BY Oil & Gas Inspector TITLE  DATE NOV 22 1985

CONDITIONS OF APPROVAL, IF ANY: