Submit 3 Copies to Appropriate District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION

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

WELL API NO. 30-025-30923

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.)

7. Lease Name or Unit Agreement Name: J.W. Smith

1. Type of Well: OIL WELL ☐ GAS WELL ☒ OTHER

2. Name of Operator: Chevron USA Inc.

8. Well No. 7

3. Address of Operator: P.O. Box 1150 Midland TX 79702 Attn: ED Doherty Rm 4111

9. Pool name or Wildcat: Eumont Yates 7 River Queen

4. Well Location
Unit Letter H : 1900 Feet From The North Line and 660 Feet From The East Line
Section 34 Township 19S Range 36E NMPM LEA County

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3636.7

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:	☐			OTHER: Completion Summary	☒		

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 TAG @ 3907 TST CSG OK PERF F/3770-3597 W/4" GUNS 1 JHPF TOTAL OF 21 HOLES. ACD'Z PERFS W/3000 GALS 15% ACID. FRAC PERFS W/50/50 GEL CO2 & 150200# SD FLOW & SWAB WELL RUN RODS & PUMP. TURN OVER TO PRODUCTION.

WORK STARTED 12/27/90
ENDED 1/6/91

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

SIGNATURE E. O. Doherty TITLE T.A. Delg. DATE 1/8/91

TYPE OR PRINT NAME E.O. Doherty TELEPHONE NO. 915-687-7812

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE JAN 10 1991

CONDITIONS OF APPROVAL, IF ANY: