

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. <u>30-025-31002</u>
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 WELL ☐ GAS WELL ☒ OTHER	7. Lease Name or Unit Agreement Name <u>B.1. Culp NCT-A Gas Com</u>
2. Name of Operator <u>CHEVRON USA</u>	8. Well No. <u>10</u>
3. Address of Operator <u>P.O. Box 1150 Midland TX 79702 ATTN: ED DOHERTY</u>	9. Pool name or Wildcat <u>Eumart Y-SR-Q</u>
4. Well Location Unit Letter <u>A</u> : <u>840</u> Feet From The <u>NORTH</u> Line and <u>990</u> Feet From The <u>EAST</u> Line Section <u>19</u> Township <u>19S</u> Range <u>37E</u> NMPM <u>LEA</u> 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:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK ☐	REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐	ALTERING CASING ☐
PULL OR ALTER CASING ☐	COMMENCE DRILLING OPNS. ☐
OTHER: ☐	PLUG AND ABANDONMENT ☐
	CASING TEST AND CEMENT JOB ☐
	OTHER: <u>592 CS9 LEAK</u> ☒

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 SET RBP @ 1000' Dump 25x SD on top PERF 5 1/2" CS9
@ 580' 4 holes SET CIRC @ 342' 592 150x INTO 5 1/2 x 8 5/8
ANNULAS WOC. CLEANOUT Cmt f/ 464'-596' 1st 592 to 500 psi:
OK CLEAN OUT SD SWAB WELL TURNED OVER TO PRODUCTION.

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

1/31/91

TYPE OR PRINT NAME

E.O. DOHERTY

915 687-7812

TELEPHONE NO.

(This space for State Use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: