

Submit 3 Copies

to Appropriate

District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT I

P.O. Box 1980, Hobbs, NM 88240

DISTRICT II

P.O. Drawer 0d, Artesia, NM 88210

DISTRICT III

1000 Rio Brazos Rd., Aztec, Nm 87410

API NO. (assigned by OCD on New Wells)

30-025-31313

5. Indicate Type of Lease

STATE ☒FEE ☒

6. State Oil & Gas Lease No.

N/A

7. Lessee Name or Unit Agreement Name

B.V. CULP(NCT-A) GAS COM.

8. Well No.

11

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

GAS

WELL ☐WELL ☒

OTHER

2. Name of Operator

CHEVRON U.S.A. INC.

3. Address of Operator

P.O. BOX 1150 MIDLAND, TX 79702 ATTN: P.R. MATTHEWS

4. Well Location

Unit Letter C : 660 Feet From The NORTH Line and 2310 Feet From The WEST Line
Section 19 Township 19S Range 37E NMPM LEA County

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

3670.2 GR

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: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ALTER CASING ☐COMMENCE DRILLING OPNS. ☐PLUG AND ABAN. ☐CASING TEST AND CMT JOB ☐OTHER: ☒

DRILLING 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.

DRILL AND SURVEY 12 1/4" HOLE FROM 0'-1285'.

TD 12 1/4" HOLE.

RUN 8 5/8" ,23# CSG TO 1285'.

CMT. W/425 SXS., CIRC 150 SXS.

WOC 14.5 HRS.

DRILL OUT SHOE AND CONTINUE TO DRILL FORMATION W 7 7/8" BIT.

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

SIGNATURE

P.R. Matthews

TITLE

TECH. ASSISTANT

DATE:

10-10-91

TYPE OR PRINT NAME

P.R. MATTHEWS

TELEPHONE NO.

(915)687-7812

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: