

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 1980, 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)

30-025-31345

5. Indicate Type of Lease

STATE ☒FEE ☐

6. State Oil & Gas Lease No.

N/A

7. Lease Name or Unit Agreement Name

GRAHAM STATE (NCT-C) Com

8. Well No.

11

9. Pool name or Wildcat

EUMONT Y-SR-Q

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG B
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

P

660

Feet From Th EAST

Line and

1055

Feet From The

SOUTH

Line

Section

25

Township

19S

Range

36E

NMPM

LEA

County

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

3622 GE

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:

ACIDIZE W/ ACID & CO2

☒

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.

IT IS PROPOSED TO:

ACIDIZE FORMATION WITH 7500 GALS. OF 15% NEFE AND 7500 GALS. OF CO2.

RU AND RUN A TRACER SURVEY TO DETERMINE ACID PLACEMENT.

FLOW WELL BACK UNTIL CLEAN.

RETURN TO PRODUCTION.

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:

03-23-92

TYPE OR PRINT NAME

P.R. MATTHEWS

TELEPHONE NO (915)687-7812

APPROVED BY

Orig. Signed by
Paul Kautz
Geologist

TITLE

DATE

MAR 26

CONDITIONS OF APPROVAL, IF ANY: