

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 88241-1980

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.
30-025-33236

5. Indicate Type of Lease
STATE ☐ FEE ☐

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name
THEODORE ANDERSON

8. Well No.
10

9. Pool name or Wildcat
WEIR-BLINEBRY

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER	
2. Name of Operator Chevron U.S.A. Inc.	
3. Address of Operator P.O. Box 1150, Midland, TX 79702	
4. Well Location Unit Letter <u>P</u> <u>990</u> Feet From The <u>South</u> Line and <u>515</u> Feet From The <u>East</u> Line Section <u>8</u> Township <u>20S</u> Range <u>37E</u> NMPM Lea County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3534'	

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 ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☒ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT 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.

Spudded 12/14" hole 1/22/96.

Drilled to 1123'. Ran 8-5/8" csg; cmt w/610 sx Cl "C". Circ to surf; test 1500#-ok.

Drilled 1123'-6950'. Ran 5-1/2" csg; cmt w/460 sx Cl "C". Circ to surf; test 2000#-ok.

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

SIGNATURE J. K. Ripley TITLE Technical Assistant DATE 3/26/96

TYPE OR PRINT NAME J. K. Ripley TELEPHONE NO. 915-687-7148

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

MAR 28 1996

