## State of New Mexico Energy, Mainerals and Natural Resources Department

Form C-103 Revised 1-1-89

District Office OIL CONSERVATION DIVISION DISTRICT I P.O. Box 1980, Hobbs NM 88241-1980 WELL API NO. 2040 Pacheco St. 30-025-33545 DISTRICT II Santa Fe, NM 87505 P.O. Drawer DD, Artesia, NM 88210 5. Indicate Type of Lease STATE [X] FEE 🗌 DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 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" 7. Lease Name or Unit Agreement Name (FORM C-101) FOR SUCH PROPOSALS.) 1. Type of Well: J. W. SMITH WELL [ 2. Name of Operator 8. Well No. Chevron U.S.A. Inc 10 3. Address of Operator 9. Pool name or Wildcat P.O. Box 1150, Midland, TX 79702 EUNICE MONUMENT; GRAYBURG-SAN ANDRES 4. Well Location 1980 Unit Letter NORTH Feet From The 1650 Line and EAST Feet From The Line 198 36E Township. Range NMPM LEA 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3635 Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data 11. 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: 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. TAGGED CMT @ 3992'. CIRC HOLE W/120 BBLS GEL. CAPPED CIBP @ 7000' W/10 SX CMT (PER PAUL KAUTZ) DRLD CMT 3992'-4000'. DRLD CIBP @ 4000', PU TO 3975'. SET 35' CMT ON CIBP @ 7000', TOC @ 6965'. SET CIBP @ 6335', SET CMT ON TOP, TOC @ 6300'. SET CIBP @ 6250', TOC @ 6215'. SET CIBP @ 5810', TOC @ 5775'. SET CIBP @ 3990', TAGGED @ 3996'. SET PLUG 3990'-3740'. SET PLUG 2881'-2631'. SET PLUG 1400'-1150'. SET PLUG 450'-SURF; TOPPED OFF CMT TO SURF. CUT OFF WH, SET MARKER. WORK PERFORMED 2/4/98 - 2/12/98 I hereby certify that the informationabove is flue and complete to the best of my knowledge and belief. SIGNATURE TITLE TECHNICAL ASSISTANT 3/2/98 DATE TYPE OR PRINT NAME TELEPHONE NO. (915)687-71 (This space for State Use) OIL & GET WITHOUTOR APPROVED BY CONDITIONS OF APPROVAL, IF ANY: