

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) 30-025-06834	
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>	
6. State Oil & Gas Lease No. N/A	
7. Lease Name or Unit Agreement Name J. N. CARSON (NCT-C)	
8. Well No. 7	
9. Pool name or Wildcat PADDOCK	
10. Elevation(Show whether DF, RKB, RT, GR, etc.) 3439' GL	

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 ☐

2. Name of Operator
CHEVRON U.S.A. INC.

3. Address of Operator
P.O. BOX 1150 MIDLAND, TX 79702 ATTN: NITA RICE

4. Well Location
Unit Letter P : 554 Feet From The SOUTH Line and 554 Feet From The EAST Line
Section 28 Township 21S Range 37E NMPM LEA County

10. Elevation(Show whether DF, RKB, RT, GR, etc.)
3439' GL

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK	<input type="checkbox"/>	REMEDIAL WORK	<input type="checkbox"/>
TEMPORARILY ABANDON	<input type="checkbox"/>	COMMENCE DRILLING OPNS.	<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>	CASING TEST AND CMT JOB	<input type="checkbox"/>
OTHER:	<input type="checkbox"/>	OTHER:	<input type="checkbox"/>

12. Describe Proposed or Completed Operations(Clearly state all pertinent details, and give pertinent dates, including anticipated date of starting any proposed work) SEE RULE 1103.

WORK STARTED 05/10/94.
SET CIBP @5084', SPOT 25 SX CMT ON TOP 4950'.
SPOT 40 SX MT @3937'-3912', TAGGED. SPOT 30 SX CMT 3912'-3733'.
PERF @2850', SET CICR @2445', SQZ 119 BELOW, SPOT 25 SX ON TOP 2296'.
PERF @1240', SQZ 85 SX, TAG @1108'. PERF @360', SQZ 272 SX TO SURF.
INSTALL DRY HOLE MARKER
CIRC W/10# MUD
WELL P&A'D 05/13/94

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

SIGNATURE	<i>Wendi Kingston</i>	TITLE	TECH. ASSISTANT	DATE:	05/31/94
TYPE OR PRINT NAME	WENDI KINGSTON	TELEPHONE NO.	(915)687-7436		
APPROVED BY	<i>Charlie T. Loran</i>	TITLE	Oil & Gas Inspector	DATE	007 20 1995
CONDITIONS OF APPROVAL, IF ANY:					

Job separation sheet

Submit 5 Copies
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Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P. O. Box 2088

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

I.

Operator Chevron U.S.A., Inc.		Well API No. 30 - 025-06834
Address P.O. Box 1150, Midland, TX 79702		
Reason (s) for Filling (<i>check proper box</i>) <input type="checkbox"/> Other (<i>Please explain</i>)		
New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input checked="" type="checkbox"/>	Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>
EFFECTIVE 8/1/92		

If chance of operator give name
and address of previous operator _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name J. N. Carson (NCT-C)	Well No. 7	Pool Name, Including Formation Paddock	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter P : 0554 Feet From The South Line and 554 Feet From The East Line Section 28 Township 21S Range 37E , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (<i>Give address to which approved copy of this form is to be sent</i>) P. O. Box 2436, Abilene, TX 79604					
Pride Pipeline Co.						
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Ga <input type="checkbox"/>	Address (<i>Give address to which approved copy of this form is to be sent</i>)					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected ? Yes	When ? Unknown

If this production is commingled with that from any other lease or pool, give commingling order number: _____

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plugback	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P. B. T. D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Peforations					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (*Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours*)

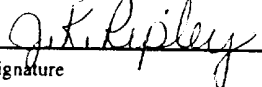
Date First New Oil Run To Tank	Date of Test	Producing Method (<i>Flow, pump, gas lift, etc.</i>)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (<i>pilot, back press.</i>)	Tubing Pressure (Shut - in)	Casing Pressure (Shut - in)	Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation
Division have been complied with and that the information given above
is true and complete to the best of my knowledge and belief.


Signature
J. K. Ripley Technical Assistant
Printed Name
7/29/92 Title
Date
(915)687-7148 Telephone No.

OIL CONSERVATION DIVISION

Date Approved **AUG 20 '92**
By **ORIGINAL SIGNED BY JERRY SEXTON**
Title **DISTRICT I SUPERVISOR**

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C - 104 must be filed for each pool in multiply completed wells.

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RECEIVED

JUL 30 1991

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