Submit 3 Copies to Appropriate District Office

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

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

WELL API NO. 30-025-06843

5. Indicate Type of Lease STATE ☐ FEE ☒

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" (FORM C-101) FOR SUCH PROPOSALS.)

7. Lease Name or Unit Agreement Name: EUNICE King

1. Type of Well: OIL WELL ☒ GAS WELL ☐ OTHER

8. Well No. 7

2. Name of Operator: CHEVRON USA INC.

9. Pool name or Wildcat: HARE SIMPSON

3. Address of Operator: P.O. Box 1150 MIDLAND TX 79702 ATTN: ED DOHERTY

4. Well Location

Unit Letter G : 1980 Feet From The North Line and 1980 Feet From The East Line

Section 28 Township 21S Range 37E NMPM LEA County

10. Elevation (*Show whether DF, RKB, RT, GR, etc.*) 3447 GR

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

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: PERF ACD'Z ☒	

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.

11/19/90
MIRU D/O & PUSH CIBP to 7781'. PERF from 7394-7520 4" GUNS 90° PHASING 2 JHPF (total of 226 HOLES). ACD'Z NEW PERF w/ 3000 gals 15% NEFE HCL & 143 7/8" balls. SWAB BACK. SET Lock-set PKR @ 7784. Run tbg & RODS RETURN to PRODUCTION.
WORK STARTED 11/19/90
ENDED 12/4/90

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

SIGNATURE E. O. Doherty TITLE T.A. Drlg DATE 12/5/90

TYPE OR PRINT NAME E. O. DOHERTY TELEPHONE NO. 915-687-7812

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: