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 88240

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. 30-025-06856

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

2. Name of Operator: CHEVRON USA INC.

8. Well No. 19

3. Address of Operator: P.O. Box 1150 Midland 79702

9. Pool name or Wildcat: BLINEBRY OIL & GAS

4. Well Location
Unit Letter C : 660 Feet From The North Line and 1980 Feet From The WEST Line

Section 28 Township 21S Range 37E NMPM LEA County

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3446' GL.

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: Add perfs ACD'z & frac	☒		

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.

RAN GR/CCL F 5800-5400 Perf W/1 JHPF F/5466-5745
ACD'z upper BLINEBRY W/4000 gal 15% NEFE HCL Frac perfs W/48000 gals 40# XL GEL + 20/40 SD + 14060# 20/40 RESIN COATED SD. C/O SD 5620-5690. Return to production.
Work started 8/19/90
ENDED 9/6/90

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

SIGNATURE M. E. Ahrin 9/10/90 TITLE Drlg Supt. DATE 9/10/90

TYPE OR PRINT NAME 915-687-7100 TELEPHONE NO.

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: