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
Revisied 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)
30-025-06865

5. Indicate Type of Lease
STATE ☐ FEE ☒

6. State Oil & Gas Lease No.
N/A

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG B
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 U.S.A. INC.

8. Well No.
25

3. Address of Operator
P.O. BOX 1150 MIDLAND, TX 79702 ATTN: P.R. MATTHEWS

9. Pool name or Wildcat
BLINEBRY

4. Well Location

| Unit Letter | D | : | 990 Feet From Th NORTH | Line and | 990 Feet From The WEST | Line |
| Section | 28 | | Township 21S | Range 37E | NMPM LEA | County |

10. Elevation(Show whether DF, RKB, RT, GR, etc.)
3460' GE

11   Check Appropriate Box to Indecate 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: SQX. PERFS AND ADD PERFS ☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐   ALTER CASING ☐

COMMENCE DRILLING OPNS. ☐   PLUG AND ABAN. ☐

CASING TEST AND CMT JOB ☐

OTHER: ☐

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

IT IS PROPOSED TO:
CEMENT SQUEEZE OFF PADDOCK PERFS.
PERF IN BLINEBRY FORMATION AT 5525'-5746'.
ACIDIZE AND FRAC NEW PERFS, FLOW WELL BACK.
RETURN TO PRODUCTION.

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

SIGNITURE P. R. Matthews   TITLE TECH. ASSISTANT   DATE: 3-26-92

TYPE OR PRINT NAME   P.R. MATTHEWS   TELEPHONE NO (915)687-7812

APPROVED BY _____ TITLE _____ DATE MAR 30

CONDITIONS OF APPROVAL, IF ANY: