

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. 30-025-06900
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.)	
1. Type of Well: OIL WELL ☒ GAS WELL ☐ OTHER ☐	7. Lease Name or Unit Agreement Name H.T. Mattern NCT-B
2. Name of Operator Chevron U.S.A. Inc.	8. Well No. 1
3. Address of Operator P.O. Box 670, Hobbs, NM 88240	9. Pool name or Wildcat Penrose Skelly GB
4. Well Location Unit Letter I : 2310 Feet From The South Line and 330 Feet From The East Line Section 30 Township 21S Range 37E NMPM Lea County 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3483'	

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK ☐	REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐	ALTERING CASING ☐
PULL OR ALTER CASING ☐	COMMENCE DRILLING OPNS. ☐
OTHER: cleanout, acidize, frac ☒	PLUG AND ABANDONMENT ☐
	CASING TEST AND CEMENT JOB ☐
	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.

It is proposed to cleanout to PBD of 3790'. Acidize open hole (3652-3790) w/ 1,000 gallons 15% NEFE HCL. Swab back acid residue. Frac open hole w/2,000 gallons gelled 8.6# BW and 35,500 lbs 20/40 ottawa sand. Flow/swab back. Clean out sand to 3790'. RIH w/production equip. Return to production.

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

SIGNATURE J. H. Elmer TITLE Technical Assistant DATE 5-5-89

TYPE OR PRINT NAME

TELEPHONE NO.

(This space for State Use) ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

MAY 8 1989

RECEIVED

MAY 5 1989

OCD
HOBBS OFFICE