

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-39

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. 30-025-06932
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 W. T. McComack
2. Name of Operator Chevron U.S.A. Inc.	8. Well No. 3
3. Address of Operator P.O. Box 670, Hobbs, NM 88240	9. Pool name or Wildcat Penrose Skelly - GB
4. Well Location Unit Letter <u>P</u> : <u>660</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>East</u> Line Section <u>32</u> Township <u>21S</u> Range <u>37E</u> NMPM Lea County	10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3467'

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: ☐	PLUG AND ABANDONMENT ☐
	CASING TEST AND CEMENT JOB ☐
	OTHER: <u>cleanout, acidz, frac</u> ☒

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.

Work performed: 5-19-89 thru 5-23-89

POH w/production equipment. Cleanout fill to 3762'. Circulate clean. Acidize open hole w/1000 gallons 15% NEFE HCL. Swab. Frac w/20,000 gallons 8.6 GBW and 35,000# ottawa sand. Flush to casing shoe w/22bbls GBW. Swab. TIH cleanout fill to 3762'. Circulate clean. TIH w/2 3/8" tbg to 3717'. Run production equipment. Test pump to 500psi, ok. Turn over to production.

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

SIGNATURE Jerry Sexton TITLE Technical Assistant DATE 5-24-89

TYPE OR PRINT NAME

TELEPHONE NO.

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON

APPROVED BY DISTRICT I SUPERVISOR TITLE DATE

CONDITIONS OF APPROVAL, IF ANY:

MAY 26 1989