Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

P.O. Box 1980, Hobbs, NM 88240 OIL CONSERVA P.O. Box 1980, Hobbs, NM 88240		WEIL API NO.	
	exico 87504-2088	30-025-06932 5. Indicate Type of Lease	
DISTRICT III		STATE FEE X	
1000 Rio Brazos Rd., Azzec, NM 87410	t	6. State Oil & Gas Lease No.	
SUNDRY NOTICES AND REPORTS ON	I WELLS		
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DI DIFFERENT RESERVOIR. USE "APPLICATION R (FORM C-101) FOR SUCH PROPOSALS	OR PERMIT	7. Lease Name or Unit Agreement Name	
1. Type of Well:			
OIL AND COMPANY OF THER	· · · · · · · · · · · · · · · · · · ·	W. T. McComack	
Chevron U.S.A. INC.		8. Well No.	
3. Address of Operator P. O. Boyr 670, Hobbs, NM, 99240		9. Pool name or Wildent	
P.O. Box 670, Hobbs, NM 88240		Penrose Skelly -GB	
Unit Letter P : 660 Feet From The Sout	h Line and 660	Feet From The East Line	
Section 32 Township 21S	Range 37E	NMPM Lea County	
10. Eisvanon (Show v	vneiner DF, RKB, RT, GR, eic.; 3467 ¹		
11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data			
NOTICE OF INTENTION TO:	· · · · · · · · · · · · · · · · · · ·	SEQUENT REPORT OF:	
PERFORM REMEDIAL WORK PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING	
TEMPORARILY ABANDON CHANGE PLANS	COMMENCE DRILLING	COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT	
PULL OR ALTER CASING	CASING TEST AND CE	EOK THEME	
OTHER: cleanout, acidize, frac	X 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 PBTD 3762'. Acidize open hole (3605-3762) with 1,000 gallons 15% NEFE HCL acid. Swab back residue. Frac open hole w/20,000 gallons gelled BW and 35,500 lbs 20/40 ottawa sand. Close in overnight. Flow/swab back. RIH w/production equipment.			
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I hereby certify that the information above is true and complete to the best of my knowledge and belief.			
SIGNATURE LIMOLE	<u> </u>	ssistant DATE 5-5-89	
TYPE OR PRINT NAME		TELEPHONE NO.	
(That space for State Use) ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR		MAY 1 0 1989	
APPROVED BY	mre	DATE	

RECEIVED

MAY 9 1989 OCD HOBBS OFFICE