

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.  
30-025-07001

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 ☐

2. Name of Operator  
Chevron U.S.A. Inc.

3. Address of Operator  
P.O. Box 670, Hobbs, NM 88240

4. Well Location  
Unit Letter I : 1980 Feet From The South Line and 1980 Feet From The East Line  
Section 34 Township 21S Range 37E NMPM Lea County

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

11. Check Appropriate Box to Indicate 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: ☐

**SUBSEQUENT REPORT OF:**

REMEDIAL WORK ☒ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ 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.

Work performed: 1-28-89 thru 2-10-89 TD: 3735

POOH w/prod. equipment. Locate casing leak. (250'/988'). Squeeze w/339 sx. Circulate cmt up annulus to surface. WOC 18hrs. Drill out cement and circulate clean. Acidize open hole w/1000 gallons 15% NEFE. Flush to bottom perf. Swab back. Check for fluid entry overnite. RU frac equipment, frac open hole w/ 20,000 gallons gelled 8.6CBW and 35,500# 20/40 sand. Swab. TIH w/2 3/8" to 3527'. Test wellhead and BOP.

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

SIGNATURE L. L. Elmne TITLE Technical Assistant DATE 2-17-89

TYPE OR PRINT NAME

TELEPHONE NO.

(This space for State Use)

**ORIGINAL SIGNED BY JERRY SEXTON**  
**DISTRICT I SUPERVISOR**

**FEB 23 1989**

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

REC-171

FEB 22 1989

OCD

MOBES CATH