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Submit 3 Copies to Appropriate District Office	State of New M Ener ₅₇ , Minerals and Natural		Form C-103 Revised 1-1-89			
DISTRICT I P.O. Box 1980, Hobbs, NM 88240	OIL CONSERVATI	ON DIVISION	WELL API NO.			
DISTRICT II	P.O. Box 2		30-025-07001			
2.0. Drawer DD, Artesia, NM 88210	Santa Fe, New Mexico	0 87504-2088	5. Indicate Type of Lease			
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410			6. State Oil & Gas Lease No.			
SUNDRY NOTIC	ES AND REPORTS ON WI	ELLS				
(DO NOT USE THIS FORM FOR PROF DIFFERENT RESERV (FORM C-1	7. Lease Name or Unit Agreement Name					
1. Type of Well: OIL WELL X GAS WELL	OTHER		Mark Owen			
2. Name of Operator Chevron U.S.A. Inc.			8. Well No.			
3. Address of Operator			9. Pool name or Wildcat			
P.O. Box 670, Hobbs, 4. Well Location	, NM 88240		Penrose Skelly -G8			
Unit Letter	_ Feet From The South	Line and1980	East Line			
Section 34	Township 21S	Range 37E	NMPM Lea County			
	10. Elevation (Show whethe	er DF, RKB, RT, GR, etc.)				
11. Check A NOTICE OF INTE	ppropriate Box to Indicate		eport, or Other Data SEQUENT REPORT OF:			
		REMEDIAL WORK				
	CHANGE PLANS					
		CASING TEST AND CE				
OTHER:		OTHER:				
12. Describe Proposed or Completed Operatio work) SEE RULE 1103.	ns (Clearly state all pertinent details, i	and give pertinent dates, includ	ling estimated date of starting any proposed			
It is proposed to so open hole as follows	ueeze casing leak, c	lean out, acidize	e and frac the			
precautions). RIH w Drill out and test t treating pkr to 3500 Swab back, frac oper	7/ RBP and packer to to 300psi. Clean out)'. Acidize open hol	3735. isolate an to 3735 if neces e w/1000 gallons ns gelled 8.6BW a	in Eunice, take necessary nd squeeze casing leak. ssary w/foam. RIH w/ 15% NEFE HCL w/additives. and 35,500# 20/40 ottawa on to production.			
I hereby certify that the information above is true and SKONATURE SCALE SCALE TYPE OR PRINT NEWS 2014	id complete to the best of my knowledge an		sistant-Drilling 1-23-89 DETE 1-23-89			
This space for State Use)	TI SUPERVISOR	me	JAN 2 4 1989			
CONTROL OF APPROVAL IF ANY:	,, <u>,,,,,,,,,,,,,,,,,,,,,</u> ,,,,,,,,,,,,,		UAIL			

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BER 2.3 MAL TREAMER TRANSPORT SAME

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