

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department  
**OIL CONSERVATION DIVISION**

Form C-103  
Revised 1-1-89

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

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

API NO. (assigned by OCD on New Wells) <b>30-025-087526-1317</b> ✓	
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>	
6. State Oil & Gas Lease No. N/A	
7. Lease Name or Unit Agreement Name HARRY LEONARD (NCT-D)	
8. Well No. 1	
9. Pool name or Wildcat SOUTH EUNICE SR-QN	
4. Well Location Unit Letter <u>H</u> : <u>1650</u> Feet From The <u>NORTH</u> Line and <u>330</u> Feet From The <u>EAST</u> Line Section <u>3</u> Township <u>22S</u> Range <u>36E</u> NMPM <u>LEA</u> County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3545 GR	

**SUNDRY NOTICES AND REPORTS ON WELLS**  
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK  
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"  
(FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well: OIL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	
2. Name of Operator CHEVRON U.S.A. INC.	
3. Address of Operator P.O. BOX 1150 MIDLAND, TX 79702 ATTN: NITA RICE	
4. Well Location Unit Letter <u>H</u> : <u>1650</u> Feet From The <u>NORTH</u> Line and <u>330</u> Feet From The <u>EAST</u> Line Section <u>3</u> Township <u>22S</u> Range <u>36E</u> NMPM <u>LEA</u> County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3545 GR	

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
<b>NOTICE OF INTENTION TO:</b>	<b>SUBSEQUENT REPORT OF:</b>
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTER CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: <input type="checkbox"/>	CASING TEST AND CMT JOB <input type="checkbox"/>
	OTHER: <u>PLUGBACK PENROSE &amp; COMPLETE IN QUEEN</u> <input checked="" type="checkbox"/>

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 DONE 8-28 THRU 9-10-92  
RUN GR-COMP, NEUTRON & CBL LOG. SET CMT RTNR @ 3734, LOAD HOLE & TST TO 500#,  
STING INTO RTNR & TST TBG TO 2000# & CSG TO 300#. PMP 125 SX CL-C CMT  
BELOW RTNR. DISP HOLE W/9# BW. PERF 3714-3626 W/4" GUNS, 2 JHPF, 32 HOLES  
SET RBP @ 3730, PKR @ 3727, TST TOOLS TO 2000#, OK. ACDZ PERFS 3714-3626'  
W/2836 GAL 15% NEFE HCL ACID & 40 RCN BALL SEALERS. SWB DRY. FRAC W/41,400 GAL  
CO2 FOAM & 12/20 SD. C/O SD W/NITROGEN FOAM, CIRC HOLE CLEAN.  
FLW TO FRAC TK F/2 HRS. SWB WELL. SET PKR @ 3556, DISP HOLE W/PKR FLU. CLEAN LOCATION,  
PUT WELL ON PRODUCTION ON 27/64 CK, 500 MCF, FTP 194.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.		
SIGNATURE <u>Nita Rice</u>	TITLE <u>TECHNICAL ASSISTANT</u>	DATE: <u>10/12/92</u>
TYPE OR PRINT NAME <u>NITA RICE</u>		TELEPHONE NO. <u>(915)687-7436</u>
APPROVED BY <u>Paul Kanitz</u> Geologist		
CONDITIONS OF APPROVAL, IF ANY:		