ENERGY AND MINERALS DEPARTME	ENERGY	AND	MINERALS	DEPARTM	1EN1
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ENERGY AND WINTERACS DELATION	7 (.44 CON	JCEDVA.	TION DIV	LICION			
40. ar Corico Accelves	J 012 001			7151014			Form C-103
DISTRIBUTION	_	P. O. BOX	2088				Revised 10-1-78
SANTA FE	SANTA	FE, NEW	MEXICO 8	7501	٠		
FILE	_}					5a. Indicate Type	of Lease
U.S.G.S.	]				ł	State X	Fee 🗌
LAND OFFICE	_				1	5. State Oll & Gar	s Lease No.
OPERATOR	ل				1	B-229-1	
SUND	RY NOTICES AND RE	PORTS ON 1	WELLS	CHT RESCRYOIR.			
1. OIL SAB WELL SAB	OTHER-	-1017 FOR SUCK	PROPOSACS.			North Seven Queen Unit	#4
2. Name of Operator Chevron U.S.A	. Inc.		•			8. Form or Lease J.F. Janda	
3. Address of Operator						9. Well No.	
P.O. Box 670	Hobbs, NM 88	240				4	
4. Location of Well						10. Field and Po	ol, or Wildcat
· · · ·	980 FEET FROM THE	North		1980	ET FROM	Queen/Jalma	it
UNIT LETTER	FEET FROM THE		LINE AND		LT PHOM	THITTH.	
THE East LINE, SECT	10H TOWNS	22S	RANGE	36E	_ нмем.		
mmmmmm.	15. Elevation (	Show enhacher I	DE RT CR et	e. J		12. County	MITTITI
	3535 GL	Show whether 2				Lea	VIIIIIII
	Appropriate Box To INTENTION TO:	Indicate Na	ature of No	tice, Report subse	or Oth QUENT	er Data REPORT OF:	
PERFORM REMEDIAL WORK  TEMPORARILY ABANDON  PULL OR ALTER CASING	PLUG AND EMANGE PL	LANS	REMEDIAL WOR COMMENCE DRI CASING TEST A				ING CASING
other Repair Casing Le	ak & P&A Jalmat	[X]					

17. 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.

MIRU PU. Set RBP @ 1800' and test to 1000psi. Set CICR @ +350'. Establish injection rate into casing leak (690'-1140'). Cement as necessary. Drill out CICR and cement. Test squeeze to 500psi for 30 minutes. Reset RBP @ 3620'. Set CICR @ +3000'. Establish injection rate into Jalmat perfs (3192'-3658'. Cement perfs as necessary. Drill out CICR and cement. Test squeeze to 500psi for 30 minutes. Equip well to pump and return to production.

DIENES Y. H. Hulley h	Division Drilling Manager	DEC 1 8 198
18. I hereby certify that the information above is true and comple		10 16 1005
	and belief.	
	,	

ARCHIVED TO 1985







Job separation sheet

(Signalwe)

(Title)

(Date)

Area Engineer

5-31-85

ENERGY AND MINERALS DEPARTMENT	1			`.
** ** ***** **************************				C-104 5 (c.)
0/87/8/8/17/8/1			_	ed 10-01-78
SANTA PE OIL CONS	SERVATION	DIVISION	Page	at 06-01-83
PILE	P. O. BOX 2088		·	
	E, NEW MEXIC	CO 87501		
LAMO OFFICE				
TRANSPORTER CIL CAS				
OPERATOR REQU	JEST FOR ALLOW	ABLE .		منتدف ده
PROPATION OFFICE	AND	•	4 444	The second supply of
AUTHORIZATION TO	TRANSPORT OIL	. AND NATURAL GA	\S	40.00
Operator				
CHEVRON U.S.A. INC.				1***L 4
Address		<del>,                                      </del>		<u> </u>
P. O. Box 670, Hobbs, NM 88240				2 1
Reason(s) for filing (Check proper dox)		Other (Please explain	,	
New Well Change in Transporter of	f:			يَرمد د.
Recompletion Oil	Dry Gas	Name Change	Effective 7-1-	.85
X Change in Ownership Casinghead Gas	Condensate		•	
	Concentant		<del></del>	
If change of ownership give name Gulf Oil Corp. B	O B (70	77 1 1 1		••
and address of previous owner Gulf Oil Corp., P	. U. Box 6/U	, Hobbs, NM	88240	·
I. DESCRIPTION OF WELL AND LEASE				
Lease Name /1, Seven Sully Well, No. 1 Pool Name, in	chains formation	1 1 1 2 2 2 2		
	. /	Kina or	_	J. ***
Location Court	nice soi	ella State. F	ederal or Fee	" Y 229
1 1601 9	· ·	1000	. D	
Unit Letter ( : 1710 Feet From The 400	Line and	480 Foot ;	room The Gasl	
1/ - 116	21 ~	<i>y</i>		
Line of Section 7 Township 222 Re	ange 30E	, NMPM,	ea -	Coun
W. DESIGNATION OF TRANSPORTED AT A				
III. DESIGNATION OF TRANSPORTER OF OIL AND NA		<del></del>		
Name of Authorized Transporter of Cit or Condensate	Andress (	Give address to which	approved copy of this for	as so be sens)
STEEL MIDELLING COLD.	Ball	1910, Thic	llaxd Il	79701
Name of Authorized Atanaparter of Castagried Cas Gas Corpora	Address (	Give address to which	ipproved copy of this form	a is to be sent!
Phillips Telleric	4/10/	Homelu nok	O adison 1	17976
If well produces oil or liquids.	Rts. 1992 gas get	upily connected?	When	
give location of tanks.	36E 4	Les	į	
f this production is commingled with that from any other lease	or pool, give comm	ogling and a suphan	<del></del>	
	•	mering order number:		
NOTE: Complete Parts IV and V on reverse side if necessar	<i>r</i> y.	<b>~</b>		. •
T CERTIFICATE OF COMPUTANCE	1	0" 00105	<b></b>	•
71. CERTIFICATE OF COMPLIANCE	1	OIL CONSER	VATION DIVISION	
hereby certify that the rules and regulations of the Oil Conservation Divisi	ion have APPRO	Airc	1 / 1000	
een complied with and that the information given is true and complete to th	e best of	7-	1 1 7 1707 -	, 19
ay knowledge and belief.	BY	1821	124 /2	
	7/	, Inver	NCT'S ALCOHOL	
	TITLÉ.	<u> </u>	RICT 1 SUPERVISO	<u>R</u>
	31 L/			

This form is to be filled in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I. II. III. and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply