

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-103  
Revised 1-1-89

**OIL CONSERVATION DIVISION**

**DISTRICT I**

P.O. Box 1980, Hobbs NM 88241-1980

**DISTRICT II**

P.O. Drawer DD, Artesia, NM 88210

**DISTRICT III**

1000 Rio Brazos Rd., Aztec, NM 87410

2040 Pacheco St.  
Santa Fe, NM 87505

WELL API NO.  
30-025-08810

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

7. Lease Name or Unit Agreement Name  
J. H. DAY

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

8. Well No.  
2

3. Address of Operator  
P.O. Box 1150, Midland, TX 79702

9. Pool name or Wildcat  
JALMAT; TAN-YATES-7 RVRS (PRO GAS)

4. Well Location  
Unit Letter F : 1980 Feet From The NORTH Line and 1980 Feet From The WEST Line  
Section 6 Township 22S Range 36E 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.

POH W/PROD TBG. SET CIRC @ 3240'; SQZ PERFS @ 3398'-3636'. SPOT 60' CMT ON CIRC. PERF  
SQZ HOLES @ 1665'. SET CIRC @ 1610'; SQZ W/50 SX CMT. SPOT 60' CMT ON CIRC. PERF SQZ  
HOLES @ 307'. CIRC CMT TO SURF THROUGH 5-1/2" & 7-5/8" ANNULUS. FILL CSG W/CMT TO SURF.  
CUT OFF WH & SET P&A MARKER

THE COMMISSION MUST BE NOTIFIED 24  
HOURS PRIOR TO THE SUBMITTING OF  
PERMITS AND APPLICATIONS FOR THE CARRIES  
TO A CONTRACT

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

SIGNATURE J. K. Ripley TITLE TECHNICAL ASSISTANT DATE 4/2/98

TYPE OR PRINT NAME J. K. RIPLEY TELEPHONE NO. (915)687-7148

(This space for State Use)

ORIGINAL SIGNED BY CHRIS WILLIAMS  
DISTRICT I SUPERVISOR

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE APR 1 9 1998

CONDITIONS OF APPROVAL, IF ANY:

JC

dp