Submit 3 Copies to Appropriate District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

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. 30-025-08728

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.)

7. Lease Name or Unit Agreement Name: H. T. MATTERN (NCT-E)

1. Type of Well: OIL WELL ☒ GAS WELL ☐ OTHER

2. Name of Operator: CHEVRON U.S.A. INC.

8. Well No. 3

3. Address of Operator: P.O. BOX 1150 MIDLAND, TX 79702 RM 4115-A ATTN: R. MATTHEWS

9. Pool name or Wildcat: EUMONT Y-SR-QN

4. Well Location

Unit Letter D : 660 Feet From The NORTH Line and 660 Feet From The WEST Line

Section 12 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:				SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK	☐	PLUG AND ABANDON	☐	REMEDIAL WORK	☐	ALTERING CASING	☐
TEMPORARILY ABANDON	☐	CHANGE PLANS	☐	COMMENCE DRILLING OPNS.	☐	PLUG AND ABANDONMENT	☐
PULL OR ALTER CASING	☐			CASING TEST AND CEMENT JOB	☐		
OTHER:	☐			OTHER: PLUG BACK, PERF, ACDZ, FRAC	☒		

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.

MIRU, POOH W/PROD EQUIP., TIH W/CIBP SET AT 3670. TST/CSG TO 500 PSI -OK PERF, 3464-3640 W/4" CSG-GUNS 0° PHASING, 1 JHPF, 18 Holes, SPOT 25' CMT. ON TOP of CIBP. ACDZ PERFS 3464-3640 W/2700 GALS 15% NEFE HCL ACID, SWB/TST. FRAC PERFS 3464-3640 W/77,700 GALS 50/50 XL GEL/CO2 AND 190,000 lbs. -12-20 SD. C/O WH W/6"X 900 SERIES, CIRC. HOLE & TST./CSG TO 500 PSI -OK SWB/TST. KICK WELL off FLOWING., RETURN TO PRODUCTION 6-19-91 RDMO.

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

SIGNATURE M. E. Abrin TITLE DRLG. SUPT. DATE 6-29-91

TYPE OR PRINT NAME TELEPHONE NO.

(This space for State Use)

APPROVED BY TITLE DATE

CONDITIONS OF APPROVAL, IF ANY:

I - 21 amended BS