

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-103  
Revised 10-1-78

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DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease  
State ☐ Fee ☒

5. 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. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER-	7. Unit Agreement Name H.T. Mattern (NCT-F)
2. Name of Operator Chevron U.S.A. Inc.	8. Farm or Lease Name
3. Address of Operator P.O. Box 670 Hobbs, NM 88240	9. Well No. 3
4. Location of Well UNIT LETTER <u>A</u> <u>800</u> FEET FROM THE <u>North</u> LINE AND <u>389</u> FEET FROM THE <u>East</u> LINE, SECTION <u>1</u> TOWNSHIP <u>22S</u> RANGE <u>36E</u> NMPM.	10. Field and Pool, or Wildcat Tubb
15. Elevation (Show whether DF, RT, GR, etc.) 3474 GL	12. County Lea

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data  
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input checked="" type="checkbox"/> TA Tubb Recomplete in Blinebry	CASING TEST AND CEMENT JOBS <input type="checkbox"/>	OTHER <input type="checkbox"/>

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 1503.

MIRU PU. POH with pump, rods, and tubing. Set CIBP @ 6190. Test casing and CIBP to 1000psi. Perforate from 5491-5731 (Blinebry). Acidize with 4500 gallons 15% NEFE HCL. Fracture treat, if necessary. Equip well to pump.

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

SIGNED P. H. Bailey Jr. TITLE Division Drilling Manager DATE 12-10-1985

APPROVED BY DISTRICT SUPERVISOR TITLE  DATE DEC 12 1985

CONDITIONS OF APPROVAL, IF ANY: