

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 APT NO.
30-025-26450

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

2. Name of Operator
Chevron USA Inc

3. Address of Operator
P.O. Box 1150 Midland TX 79702 Attn: E.O. Doherty

4. Well Location
Unit Letter K : 2392 Feet From The West Line and 2493 Feet From The South Line

Section 33 Township 21S Range 37E 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.

MIRU SET CICK @ 6227 mix 100sx pump 10 1/2 bbls in formation
Sg2 perfs 6290-6311. WOC Delq cmt f/6214-6335 tst sg2 to 500 psi OK
Delq CICK @ 6397 Delq cmt f/6395-6490 tst sg2 perfs 6438-6468 OK
Delq cmt from 6528-6550 DEEPEN WELL f/6550-6650 Run GR/Neutron log. T1H
OPEN ENED to 6661 spot 25sx cmt plug f/6661-6465 Tag @ 6644 spot 25sx plug
Tag @ 6524. Delq cmt f/6524-6570 perf 6508-6548 w/4" guns 2JHPF 180° phasing
48 holes total. ACD 2 w/3000 gals 15% NEFF FRAC w/40" LINEAR GEI + 15700' 20/40 SD.
TURN OVER TO PRODUCTION. Work started 1/20/91 ENDED 2/13/91.

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

SIGNATURE

E. O. Doherty

TITLE

T.A. Delq

DATE

2/15/91

TYPE OR PRINT NAME

E.O. Doherty

TELEPHONE NO.

687-7812

(This space for State Use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: