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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.

30-025-04439

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 T.A.D.

STATE G

2. Name of Operator

Chevron U.S.A. Inc.

8. Well No.

1

3. Address of Operator

P.O. Box 1150, Midland, TX 79702

9. Pool name or Wildcat

EUNICE MONUMENT; GRAYBURG-SAN ANDRES

4. Well Location

Unit Letter U 64 660 Feet From The SOUTH Line and 660 Feet From The WEST Line

Section 2 Township 21S Range 36E NMPM LEA County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3552'

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.

IF DRILL BIT WILL NOT GO TO TD (3852'), DRILL OUT CIBP & PUSH TO BOTTOM.

SET CIRC @ 3572', PUMP 36 SX CMT.

SPOT 13 SX CMT 1351'-1251'.

SPOT 27 SX CMT 200'-SURF.

CUT OFF CSG 4' BELOW GL & CAP. SET DRY HOLE MARKER

MINIMUM PLUG 25444
MAY NEED TO PERF
TOP CEMENT UNKNOWN

THE COMMISSION MUST BE NOTIFIED 24
HOURS BEFORE THE STARTING OF
PROPOSED OPERATIONS FOR THE C-103
TO BE APPROVED.

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 9/2/98

TYPE OR PRINT NAME J. K. RIPLEY

TELEPHONE NO. (915)687-7148

(This space for State Use)

Orig. Signed by

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

9/2/98

9/2