

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

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

API NO. (assigned by OCD on New Wells)

30-025-04444

5. Indicate Type of Lease
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.
B-229

7. Lease Name or Unit Agreement Name
J. F. JANDA (NCT-D)

8. Well No.
1

9. Pool name or Wildcat
EUMONT

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 ☐ GAS ☐
WELL ☐ WELL ☒ OTHER ☐

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

3. Address of Operator
P.O. BOX 1150 MIDLAND, TX 79702 ATTN: WENDI KINGSTON

4. Well Location
Unit Letter T : 1980 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.)
3534' GL

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: RECOMP IN 7 RVRS ZONE ☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTER CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABAN. ☐
CASING TEST AND CMT 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.

WE PROPOSE TO: MIRU PU, ND WH, NU BOP. SET RBP @3110'. LOAD CSG W/2% KCL.
RUN CBL/CET LOG F/RBP-1000'. PERF F/2930'-3006'. ACDZ W/150 GALS 15% NEFE ACID.
FRAC PERFS W/34,000 GALS 70/50Q CO2 ILNEAR GEL & 141,450 LBS 12/20 BRADY SD.
FLUSH. SWAB. ADD .25 GAL/BBL FOAMING AGENT TO KILL FLUID. ND BOP, NU WH.
TURN WELL OVER TO PRODUCTION.

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

SIGNATURE

TITLE

TECH. ASSISTANT

DATE: 1/24/95

TYPE OR PRINT NAME

WENDI KINGSTON

TELEPHONE NO. (915)687-7826

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

JAN 26 1995

RECEIVED

APR 17 1965
F.D. HOBBS
OFFICE