

1. Submit 3 Copies
to Appropriate
District Office

DIRECTOR
P.O. Box 1580, Hobbs, NM 88240

DISTRICT SUPERVISOR
P.O. Drawer DD, Artesia, NM 88210

DISTRICT SUPERVISOR
1000 Rio Grande Rd., Aztec, NM 87410

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 1-1-39

WELL API NO.	30-025-04493
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 injection

2. Name of Operator
Chevron U.S.A. Inc.

3. Address of Operator
P.O. Box 670 Hobbs NM 88240

4. Well Location
Unit Lower 0 : 660 Feet From The North Line and 660 Feet From The West Line

Section 4 Township 21S Range 36E NMPM Lea

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3547

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: Plug back, Add perfs, Acdz. ☒

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.

Engineering recommended plugging back Grayburg zone 6 by dumping hydromite across zone. Perfs will be added in Grayburg zone 1 & 2 then zone will be acdz. The open hole section will have a few select interval perforated in an attempt to improve injection. Hydromite will be dumped from Td 3809'/3844'.

New perfs Zone 1 & 2 3610'/20' 3668'/86'. Zone 5 & 4 Z5 OH 3790'/3800' Z4 OH 3732'/36'.

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

SIGNATURE M. E. Akins TITLE Staff Drlg. Engr. DATE 8/25/89

TYPE OR PRINT NAME M.E.Akins TELEPHONE NO. 393-4121

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

AUG 28 1989

RECEIVED

AUG 25 1969

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H0025 247123