

Submit 3 Copies
to Appropriate

State of New Mexico
Energy, Minerals and Natural Resources Department
OIL CONSERVATION DIVISION
P.O. Box 2088

Form C-103
Revised 1-1-89

District Office

Santa Fe, New Mexico 87504-2088

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)

30-025-04517

5. Indicate Type of Lease

STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

N/A

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG B
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"
(FORM C-101) FOR SUCH PROPOSALS.)

7. Lease Name or Unit Agreement Name

HEASLEY STATE

1. Type of Well:

OIL GAS
WELL ☐ WELL ☒ OTHER

2. Name of Operator

CHEVRON U.S.A. INC.

8. Well No.

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3. Address of Operator

P.O. BOX 1150 MIDLAND, TX 79702 ATTN: P.R. MATTHEWS

9. Pool name or Wildcat

EUMONT GAS

4. Well Location

Unit Letter E : 1300' Feet From Th WEST Line and 1373 Feet From The NORTH Line
Section 5 Township 21S Range 36E NMPM LEA County

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

3572 GE

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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 ☐ 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.

IT IS PROPOSED TO:

DUMP BAIL AND CAP CIBP AT 2700' W/35' OF CEMENT.

PERF AT 1250', SET CIRC AT 1035' AND PUMP 55 SXS. CMT. INTO, PULL OUT & LEAVE 35' CMT ON TOP.

ABOVE PLUG WILL COVER RUSTLER, TOP OF SALT & 8 5/8" CSG. SHOE.

PERF AT 350' PUMP 85 SXS CMT, CIRC CMT TO SURFACE BETWEEN 5 1/2" & 8 5/8" ANN, LEAVE 5 1/2" FULL.

10# P & A MUD WILL BE PLACED BETWEEN ALL CMT. PLUGS.

CUT OFF WELLHEAD AND INSTALL P & A MARKER.

CHANGE WELL STATUS TO P & A.

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

SIGNATURE P.R. Matthews TITLE TECH. ASSISTANT

DATE: 5-8-92

TYPE OR PRINT NAME P.R. MATTHEWS

TELEPHONE NO (915)687-7812

APPROVED BY / TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

MAY 11 1992