

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)

30-025-04716

5. Indicate Type of Lease

STATE

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FEE

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6. State Oil & Gas Lease No.

N/A

7. Lease Name or Unit Agreement Name

MERIDITH STATE

*meredith*

8. Well No.

3

9. Pool name or Wildcat

EUMONT GAS POOL

**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

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WELL

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OTHER

2. Name of Operator

CHEVRON U.S.A. INC.

3. Address of Operator

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

4. Well Location

Unit Letter I : 660 Feet From The EAST Line and 1980 Feet From The SOUTH Line  
Section 19 Township 21S Range 36E NMPM LEA County

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

3661 GR

11

Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

**NOTICE OF INTENTION TO:**

PERFORM REMEDIAL WORK

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PLUG AND ABANDON

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TEMPORARILY ABANDON

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CHANGE PLANS

☐

PULL OR ALTER CASING

☐

OTHER:

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**SUBSEQUENT REPORT OF:**

REMEDIAL WORK

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ALTER CASING

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COMMENCE DRILLING OPNS.

☐

PLUG AND ABAN.

☐

CASING TEST AND CMT JOB

☐

OTHER: RECOMPLETE IN THE EUMONT

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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.

POOH W/PRODUCTION EQUIPMENT.

DRILL OUT CICR AT 3767', DRILL CMT TO 3830.

PERF 3156-3770 W/4" GUNS.

ACDZ EUMONT PERFS W/3850 GALS OF 15% NEFE. SWB/TST PERFS.

REACIDIZE EUMONT PERFS, SWB/TST.

TIH SET CIBP AT 3840'.

FRAC PERFS 3156-3770 W/40,000 GALS OF 50/50 X-L GEL.

FLOW BACK WELL.

TIH W/PRODUCTION EQUIP. & RETURN TO PRODUCTION.

WORK STARTED 11-14-91 WORK ENDED 11-25-91.

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:

11-26-91

TYPE OR PRINT NAME

P.R. MATTHEWS

TELEPHONE NO.

(915)687-7812

APPROVED BY

*[Signature]*

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: