Submit 3 Copies to Appropriate District Office

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

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

WELL API NO. 30-025-04815

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.)

7. Lease Name or Unit Agreement Name: S.E. Felton

1. Type of Well: OIL WELL ☐ GAS WELL ☒ OTHER

2. Name of Operator: Chevron USA. Inc.

8. Well No. 1

3. Address of Operator: P.O. Box 1150 Midlann Tx 79702 Attn Rm 4111

9. Pool name or Wildcat: Eumont SR-Y QN

4. Well Location
Unit Letter P : 660 Feet From The South Line and 660 Feet From The EAST Line

Section 28 Township 21S Range 36E NMPM LEA County

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

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

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK	☐	PLUG AND ABANDON	☐	REMEDIAL WORK	☐	ALTERING CASING	☐
TEMPORARILY ABANDON	☐	CHANGE PLANS	☐	COMMENCE DRILLING OPNS.	☐	PLUG AND ABANDONMENT	☐
PULL OR ALTER CASING	☐			CASING TEST AND CEMENT JOB	☐		
OTHER:	☐			OTHER: Plugback / Perf	☒		

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.

MIRU Change out wellhead 6"-900 series TIH set CIBP @ 3635' tst csg. to 500psi OK Dump 35' cmt on top of CIBP Perf w/ 4" guns 0° phasing 1 JHPF f/ 3193-3519' 24 total holes. Acd'z w/ 3100 gals 15% NEFE. Frac w/ 72000 gals 50/50 x/-gel, CO2 + 169000# 12-20 SD Flowback Set Loc-set pkr @ 3154' Well tbg to 3154'. Turn over to production.

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

SIGNATURE E. O. Doherty TITLE T.A. Delg DATE 5/2/91

TYPE OR PRINT NAME E.O. DoHerty TELEPHONE NO. 687-7812

(This space for State Use) ORIGINAL

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: