

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

OIL CONSERVATION DIVISION

DISTRICT I

P.O. Box 1980, Hobbs NM 88241-1980

DISTRICT II

P.O. Drawer DD, Artesia, NM 88210

DISTRICT III

1000 Rio Brazos Rd., Aztec, NM 87410

2040 Pacheco St.
Santa Fe, NM 87505

WELL API NO.
30-025-06686

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

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

3. Address of Operator
P.O. Box 1150, Midland, TX 79702

4. Well Location
Unit Letter K : 1980 Feet From The SOUTH Line and 1980 Feet From The WEST Line

Section 20 Township 21S Range 37E NMPM LEA County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3305'

7. Lease Name or Unit Agreement Name

C. L. HARDY

8. Well No.
3

9. Pool name or Wildcat
BLINEBRY OIL & GAS (OIL) ✓

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: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: PA'D DRINKARD ☒

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.

POH W/PROD EQPT. SET CIBP @ 6450', CAPPED W/35' CMT. SET CIBP @ 5765', CAPPED W/20' CMT.
TESTED CSG TO 500#. PERFD 5484'-5592' W/3 JHPF. ACZD W/8000 GALS 15% & 70 RCNB'S.
SET CIBP @ 5640', CAPPED W/10' CMT. FRACD BLY PERFS W/73,000 GALS FOAM & 221,500# SAND.
RIH W/TBG, PUMP & RODS; TBG @ 5454'. RETURNED WELL TO PRODUCTION IN BLINEBRY.

7/31/98 - 8/13/98

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

SIGNATURE J. K. Ripley TITLE TECHNICAL ASSISTANT DATE 9/4/98

TYPE OR PRINT NAME J. K. RIPLEY TELEPHONE NO. (915)687-7148

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

OCT 2 6 1998

2A Drinkard