

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)

30-025-24023

5. Indicate Type of Lease

STATE



FEE ☐

6. State Oil & Gas Lease No.

N/A

7. Lease Name or Unit Agreement Name

H. LEONARD (NCT-C)

8. Well No.

13

9. Pool name or Wildcat

BLINEBRY

**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 ATTN: NITA RICE

4. Well Location

Unit Letter B : 510 Feet From The NORTH Line and 1780 Feet From The EAST Line  
Section 36 Township 21 SOUTH Range 36E NMPM LEA County

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

3505' GL

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 ☐ ALTER CASING ☐  
COMMENCE DRILLING OPNS. ☐ PLUG AND ABAN. ☐  
CASING TEST AND CMT JOB ☐  
OTHER: WELL T&A'D Sheet - In ☒

12. Describe Proposed or Completed Operations(Clearly state all pertinent details, and give pertinent dates, including  
anticipated date of starting any proposed work) SEE RULE 1103.

WORK STARTED 06/24/94.MIRU, ND WH, NU BOP, POOH W/PRD TBG. DUMP BAIL 20' CMT ON TOP  
OF SAND AT 5755'. POOH W/DUMP BAILER. SET PKR AT 5475'. CIRC. ND BOPE, NU WH.  
RD MO. WELL T&A'D 06/25/94.

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

SIGNATURE

TITLE

TECH. ASSISTANT

DATE: 08/01/94

TYPE OR PRINT NAME

WENDI KINGSTON

TELEPHONE NO. (915)687-7826

APPROVED BY JERRY SEXTON

APPROVED BY SUPERVISOR

TITLE

DATE

FEB 07 1995

CONDITIONS OF APPROVAL, IF ANY: