

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department
OIL CONSERVATION DIVISION

Form C-103
Revised 1-1-89

P.O. Box 2088
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)

30-025-25352

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

N/A

7. Lease Name or Unit Agreement Name

S. E. FELTON

8. Well No.

2

9. Pool name or Wildcat

EUMONT

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 ☐

WELL ☒

OTHER

2. Name of Operator

CHEVRON U.S.A. INC.

3. Address of Operator

P.O. BOX 1150 MIDLAND, TX 79702 ATTN: WENDI KINGSTON

4. Well Location

Unit Letter

B

880 Feet From The

NORTH

Line and

1980 Feet From The

EAST

Line

Section

28

Township

21S

Range

36E

NMPM

LEA

County

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

3610' 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:

ADD PERFS & FRAC STIM ☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐

COMMENCE DRILLING OPNS. ☐

CASING TEST AND CMT JOB ☐

OTHER: ☐

ALTER CASING ☐

PLUG AND ABAN. ☐

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.

WE PROPOSE TO: MIRU PU. ND WH, NU BOP, CLEAN OUT TO PBTD. PERF F/3240'-3575'.

ACDZ EACH SET OF PERFS W/70 GALS OF 15% NEFE HCL. FRAC PERFS W/72,000 GALS 50Q CO2

40# LINEAR GEL & 226,750 LBS 12/20 BRADY SD. FLUSH. FLOW WELL BACK.

RIH W/2 3/8" PROD TBG, ND BOP, NU WH, RD PU.

TURN WELL OVER TO PRODUCTION.

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

SIGNATURE Wendi Kingston TITLE

TECH. ASSISTANT

DATE: 11/21/94

TYPE OR PRINT NAME WENDI KINGSTON

TELEPHONE NO. (915)687-7826

APPROVED BY _____ TITLE

DATE NOV 23 1994

CONDITIONS OF APPROVAL, IF ANY: