

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

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

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO.
30-025-25507

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

7. Lease Name or Unit Agreement Name

HARRY LEONARD (NCT-C)

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

8. Well No.
19

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

9. Pool name or Wildcat
EUMONT;YATES-7 RVRS-QUEEN (PRO GAS)

4. Well Location
Unit Letter E : 2080 Feet From The NORTH Line and 990 Feet From The WEST Line
Section 36 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:

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: REPERFD, ACZD, FRACD ☒

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/TBG & PKR. PERFD 2914'-3242' W/2 JHPF (22 HOLES) AND 3394'-3539' W/4 JHPF (44 HOLES).
ACZD PERFS W/15% HCL. FRACD W/CO2 & SAND. RIH W/PROD TBG. RETURNED WELL TO PRODUCTION.

WORK PERFORMED 8/22/97 - 8/29/97

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 9/17/97

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

(This space for State Use)

APPROVED BY [Signature] TITLE Commissioner DATE 09/07/97

CONDITIONS OF APPROVAL, IF ANY: