

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-39

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

OIL CONSERVATION DIVISION

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

WELL API NO.

30-025-29030

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

☒

GAS

☐

OTHER

2. Name of Operator

Chevron U.S.A. Inc.

3. Address of Operator

P.O. Box 670, Hobbs, NM 88240

4. Well Location

Unit Letter P : 2970 Feet From The South Line and 660 Feet From The East Line

Section 3

Township 21S

Range

36E

NMPM

Lea

County

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

3525

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: perf, acidz, frac, rtn to prod. ☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: ☐

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.

It is proposed to add Tubb and Drinkard perfs to the existing Tubb perfs (6818, 6814, 6781, 6766, 6750, 6742, 6733, 6725, 6719, 6715, 6710, 6701, 6697, 6681, 6614, 6607, 6599, 6595, 6586, 6572, 6568). Acidize new perfs, Swab. Frac Tubb/Drinkard perfs 6568-6818'. Swab until clean, RIH w/ prod. equipment. Return to production.

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

SIGNATURE Jerry Sexton TITLE Technical Assistant DATE 6-21-89

TYPE OR PRINT NAME TELEPHONE NO.

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

JUN 23 1989