

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)

30-025-29183

5. Indicate Type of Lease
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

N/A

7. Lease Name or Unit Agreement Name

BELL-JANDA GAS COM

8. Well No.

2

9. Pool name or Wildcat

EUMONT(YATES-7RVRS-QUEEN)

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK
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: NITA RICE

4. Well Location

Unit Letter E : 1440 Feet From The NORTH Line and 1320 Feet From The WEST Line
Section 15 Township 21S Range 36E NMPM LEA County

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

3577' GR

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: ADD PERFS, PLUG BACK, SAME ZONE ☒

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.

WORK PERFORMED 12-1 THRU 12-9-93

MIRU, NU BOP.SET CIBP @ 3360. RUN CCL-GR-CBL-CET F/3360-2000'. SPOT 10'CMT ON

CIBP. PERF 3145-3080, 4 JHPF. ACDZ PERFS W/600 GALS 15% NEFE HCL.

SWAB BACK LOAD. FRAC W/6719 BBLS & 152,860 LBS 12/20 BRADY SAND.

FLOW WELL TO TANK. TUN PROD TBG, TAG SD @ 3255, ND BOP, NU WH.

TURN OVER TO PROD.

PRODUCTION BEFORE WORKOVER = WELL DEAD AFTER 24 HR OCD TEST IN 8-93

AFTER WORKOVER = 1.8 MMCFPD

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

SIGNATURE Nita Rice TITLE TECHNICAL ASSISTANT

DATE: 1/5/94

TYPE OR PRINT NAME NITA RICE

TELEPHONE NO. (915)687-7436

ORIGINAL SIGNED BY JERRY SEXTON

APPROVED BY DISTRICT I SUPERVISOR
CONDITIONS OF APPROVAL, IF ANY:

DATE JAN 11 1994