

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.
30-025-29575

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 ☐ WIW ☐

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

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

4. Well Location
Unit Letter J : 1980 Feet From The SOUTH Line and 2120 Feet From The EAST Line

Section 6 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: SQUEEZED PERFS ☒

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/INJECTION EQPT. DUMPED 2600# FRAC SAND @ 3983'; CLEAN OUT SAND TO 3810'. SET CIRC @ 3630'. TEST ANN 500#. PUMPED 125 SX CL "C"; REVERSED OUT 5 BBLS CMT. 97 SX IN FORM. 7 SX IN CSG; REVERSED OUT 19 SX. DRLD CIRC & CMT TO 3809'; CLEANED OUT SAND & SCALE TO 4110'. PICKLED TBG @ 3638' W/300 GALS 15% ACID. SET PKR @ 3892', LOADED & TESTED ANN TO 500#-BLED OFF TO 50# IN 2 MIN. RIH W/TBG, SET @ 3667'. NDBOP, NU INJ WH. TESTED ANN W/CHART; WITNESSED BY BUDDY HALL W/OC. RETURNED WELL TO INJECTION.

WORK PERFORMED 1/27/97 - 2/4/97

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 3/12/97

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

(This space for State Use)

OFFICIAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE MAR 18 1997

CONDITIONS OF APPROVAL, IF ANY:

