

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

OIL CONSERVATION DIVISION

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

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

WELL API NO.

30-025-29682

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

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 G : 1791 Feet From The North Line and 1980 Feet From The South Line

Section 5

Township 21S

Range 36E

NMPM

Lea

County

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

3559.5'

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: Perf Zone 1, Acidz ☒

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.

TD: 4074 PB: 3835

Work performed: 6-7 thru 6-9-89

POH w/production equipment. Acidize w/1375 gallons 15% NEFE HCL. Flush to bottom perf. Swab. Perf 3662-70 (16 shots) 3673-76 (6 shots) 3684-88 (8 shots) w/4" guns, 180° phase, 2 JHPF. Set RBP at 3695' & pkr at 3615'. Swab. Release pkr/RBP. Run 2 3/8" production tbg to 3832'. SN at 3797'. Run rods, seat and hang on, load and test to 500psi, check pump action, ok. Turn over to production dept.

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

SIGNATURE

J. J. Elmore

TITLE Technical Assistant

DATE 6-12-89

TYPE OR PRINT NAME

TELEPHONE NO.

(Use space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

JUN 14 1989

RECEIVED

JUN 18 1980

OCD
HIGGS OFFICE