

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 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.
30-025-30950

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.)

7. Lease Name or Unit Agreement Name

J.F. JANDA (NCT-D)

8. Well No.

6

9. Pool name or Wildcat

OIL CENTER / GLORIETTA

1. Type of Well:

OIL
WELL ☒

GAS
WELL ☐

OTHER

2. Name of Operator

CHEVRON USA INC.

3. Address of Operator

P.O. Box 1150 Midland TX 79702 Attn: Rm 4111

4. Well Location

Unit Letter I : 1660 Feet From The South Line and 530 Feet From The West Line

Section 2

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: ADD 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.

MIRU SET RBP @ 5214' Dump 1x 513 on RBP PERF f/5171-5200
w/4" guns 2 JHPF 120° phasing total of 46 holes. Add 2 perfs w/2500 gals
20% HCL SWAB WELL RUN +bg / RODS TURN OVER TO PRODUCTION.
WORK STARTED 4/5/91
ENDED 4/9/91

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

SIGNATURE

E.O. Doherty

TITLE

T.A. Delg

DATE

4/16/91

TYPE OR PRINT NAME

E.O. Doherty

687-7812

TELEPHONE NO.

(This space for State Use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: