

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer 00, Aramis, NM 88210

DISTRICT III
1000 Rio Arriba 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.)

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 1150 Midland TX 79702 ATTN: ED DOHERTY RM 4111

4. Well Location
Unit 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 OF, RKB, RT, GR, etc.)
3532 GR

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK ☐	PLUG AND ABANDON ☐	REMEDIAL WORK ☐	ALTERING CASING ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐	OTHER: ☐	CASING TEST AND CEMENT JOB ☐	OTHER: <u>Completion of New Well</u> ☒

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.

10/2/90 RU Pulling Unit tag DV @ 3986' DR19 to 5290' PBTU CIRC WELL CLEAN.
10/3/90 RU WIRELINE RUN GAMMA GUN GR/DCL f/5284'-4500'. Perf f 5240'-5171' w/1/4"
9UNS 2 JHPF 90° PHASING TOTAL of 68 HOLES. SET RBP @ 5260 SET PKR @ 5200 ACO'2
W/2350 9 20% NEFE HCL + 42 1.3 RCNBS SWAB WELL.
10/4/90 PU + SET RBP @ 5211' + PKR @ 5098' ACO'2 5171'-5190' W/1900 9 20%
NEFE + 51 7/8 1.3 RCNBS SWAB WELL.
10/5/90 Rel. PKR RIH W 2 3/8 production tbg. 4.7" J-55 8RD tbg landed @ 5165'.
10/6/90 SPACED WELL out RDMD turned WELL over to production.

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. Doherty DATE 10/9/90

TYPE OR PRINT NAME E.O. DOHERTY TELEPHONE NO. 915-687-7812

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: _____