

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. <u>30-025-31150</u>
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
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 <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER	7. Lease Name or Unit Agreement Name <u>CAMPBELL-HOUSTON GAS COM</u>
2. Name of Operator <u>CHEVRON USA INC.</u>	8. Well No. <u>5</u>
3. Address of Operator <u>P.O. Box 670 HOBBS N.M. 88240</u>	9. Pool name or Wildcat <u>ELEMENT GAS</u>
4. Well Location Unit Letter <u>P</u> : <u>1140</u> Feet From The <u>EAST</u> Line and <u>760</u> Feet From The <u>SOUTH</u> Line Section <u>7</u> Township <u>21S</u> Range <u>36E</u> NMPM <u>LEA</u> 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:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
PLUG AND ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
CHANGE PLANS <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER: <u>CELLAR INSPECTION</u> <input checked="" type="checkbox"/>

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.

PIPED CASING VALVES TO SURFACE.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.		
SIGNATURE <u>C.L. Morrill</u>	TITLE <u>Area Operations Supv.</u>	DATE <u>4-15-91</u>
TYPE OR PRINT NAME <u>C.L. Morrill</u>	TELEPHONE NO. <u>393-4121</u>	

(This space for State Use)

APPROVED BY <u>Eddie W. Sery</u>	TITLE	DATE <u>APR 24 1991</u>
CONDITIONS OF APPROVAL, IF ANY:		

RECEIVED

APR 23 1991

GOV
HOBBS OFFICE