

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department
OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

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

API NO. (assigned by OCD on New Wells)

30-025-31320

5. Indicate Type of Lease

STATE



FEE ☐

6. State Oil & Gas Lease No.

N/A

7. Lease Name or Unit Agreement Name

H. LEONARD (NCT-A)

8. Well No.

13

9. Pool name or Wildcat

EUMONT Y-SR-QN

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

GAS

WELL ☐

WELL ☒

OTHER

2. Name of Operator

CHEVRON U.S.A. INC.

3. Address of Operator

P.O. BOX 1150 MIDLAND, TX 79702 ATTN: P.R. MATTHEWS

4. Well Location

Unit Letter

J

:

1650 Feet From The

SOUTH

Line and

2310

Feet From The

EAST

Line

Section

22

Township

21S

Range

36E

NMPM

LEA

County

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

3585.2 GE

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



ALTER CASING



COMMENCE DRILLING OPNS.



PLUG AND ABAN.



CASING TEST AND CMT JOB



OTHER:

COMPLETION



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.

DRLG CMT 3614-3685 TST/CSG TO 1000 PSI-OK.

RUN LOGS: GR-CCL, WL TD 3680'.

SELECTIVELY PERF W/4" GUNS, 0 DEG FHSD 3085-3672..

ACDZ PERFS W/3800 GALS 15% NEFE, SWB/TST.

FRAC PERFS W/95,000 GALS GEL & 175,000 # SAND.

FLOW BACK WELL.

TIH W/PROD. TBG. & PACKER, SET AT 3006'.

KICK WELL OFF FLOWING.

WORK STARTED 10-07-91 WORK ENDED 10-12-91.

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

SIGNATURE

P.R. Matthews

TITLE

TECH. ASSISTANT

DATE:

10-14-91

TYPE OR PRINT NAME

P.R. MATTHEWS

TELEPHONE NO.

(915)687-7812

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: