

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.	30-025-10063
5. Indicate Type of Lease	STATE ☐ FEE ☒
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name	Lee Stebbins NCT-A
8. Well No.	2
9. Pool name or Wildcat	Penrose Skelly-GB
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	

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 <u>INJECTOR</u>	2. Name of Operator Chevron U.S.A. Inc.
3. Address of Operator P.O. Box 670	4. Well Location Unit Letter <u>E</u> : <u>1980</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>West</u> Line Section <u>5</u> Township <u>22S</u> Range <u>37E</u> NMPM Lea County

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

POOH W/INJECTION ASSEMBLY, SET CIRC @ 3200' SQUEEZE 4 1/2" LINER TOP & PERFS @ 3707-58 WITH 100 SXS, CAP W/35' CMT, CIRC WELL W/P&A MUD, PERF 6" CSG @ 1150' (TOP ANHYDRITE @ 1145') SET CIRC @ 1100' & SQUEEZE W/100 SX, CAP CIRC W/35' CMT, SET CMT PLUG F 300 TO SURFACE W/45 SXS, *NOTE CASING LEAK @ 296' SQUEEZED W/350 SXS & CIRCULATED CMT TO SURFACE VIA 6" X 13" ANNULUS IN 1967, CUT OFF WELLHEAD & CSG 3' BELOW GL INSTALL DRYHOLE MARKER, CHANGE STATUS TO P&A.

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

SIGNATURE M. E. Akins TITLE Staff Drlg. Engr. DATE 12-12-89
TYPE OR PRINT NAME M.E. Akins TELEPHONE NO. 393-4121

(This space for State Use)

Orig. Signed by
Paul Kautz
Geologist

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

DEC 12 1989

24 HOURS PRIOR TO COMMENCING WORK