

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 88241-1980

**DISTRICT II**  
P.O. Drawer DD, Artesia, NM 88210

**DISTRICT III**  
1000 Rio Brazos Rd., Aztec, NM 87410

**OIL CONSERVATION DIVISION**

2040 Pacheco St.  
Santa Fe, NM 87505

WELL API NO. 30-025-10261
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name HUGH
8. Well No. 5
9. Pool name or Wildcat BLINEBRY OIL & GAS (PRO GAS)
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

2. Name of Operator  
Chevron U.S.A. Inc.

3. Address of Operator  
P.O. Box 1150, Midland, TX 79702

4. Well Location  
Unit Letter F: 1980 Feet From The NORTH Line and 1980 Feet From The WEST Line  
Section 14 Township 22S Range 37E NMPM LEA County

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: RECOMPLETED TO BLINEBRY ☒

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.

POH W/PROD EQPT. PERFD SQZ HOLES @ 6100'. SET CIRC @ 6003'; PPD 600 SX CL "C". TAGGED  
CMT @ 5997'; DRLD CIRC & CMT 6006'-6147'. PERFD 5388'-5794' W/2 JHPF. ACZD W/6000 GALS  
15% & 250 RCNB'S. FRACD W/844 BBLS GEL & 221,000# SD. RIH W/PROD TBG, PKR @ 5332'.  
RETURNED WELL TO PRODUCTION.

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

SIGNATURE J. K. Ripley TITLE TECHNICAL ASSISTANT DATE 7/21/98  
TYPE OR PRINT NAME J. K. RIPLEY TELEPHONE NO. (915)687-7148

(This space for State Use)

APPROVED BY Chris Williams TITLE DISTRICT SUPERVISOR DATE JUL 30 1998  
CONDITIONS OF APPROVAL, IF ANY: