

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

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO.
30-025-12169

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.

7. Lease Name or Unit Agreement Name

SCARBOROUGH ESTATE

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

8. Well No.
1

9. Pool name or Wildcat
TUBB OIL AND GAS (OIL)

4. Well Location
Unit Letter A : 660 Feet From The NORTH Line and 660 Feet From The EAST Line

Section 31 Township 22S Range 38E NMPM LEA 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:

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: RECOMPLETE IN TUBB OIL ☒

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 EQUIP. SET CICR @ 5589'. SQZD PERFS 5642'-5830' W/150 SX CL "C":REVERSED 12 SX TO TANK, SQZD 98 SX IN FORM. DRLD OUT CICR & CMT. PERFD 6015'-6228' W/3 JHPF (135 HOLES). ACZD W/3000 GALS 15% HCL & 200 RCNB'S. FRACD W/42,500 GALS SPECTRA 3500 XL & 173,000# SAND. RIH W/TBG, PUMP & RODS; TBG @ 6110'. RETURNED WELL TO PRODUCTION.

WORK PERFORMED 9/3/96 - 9/20-96

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 2/5/97

TYPE OR PRINT NAME J. K. RIPLEY TELEPHONE NO. (915)687-7148

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

mp