

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 1880, 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) 30-025-25056	
6. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>	
8. State Oil & Gas Lease No. N/A	
7. Lease Name or Unit Agreement Name H. T. MATTERN (NCT-D)	
8. Well No. 12	
9. Pool name or Wildcat BLINEBRY/TUBB/DRINKARD	
10. Elevation(Show whether DF, RKB, RT, GR, etc.) 3454' GL	

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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 <input type="checkbox"/> GAS <input type="checkbox"/> WELL <input checked="" type="checkbox"/> WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	
2. Name of Operator CHEVRON U.S.A. INC.	
3. Address of Operator P.O. BOX 1150 MIDLAND, TX 79702 ATTN: NITA RICE	
4. Well Location Unit Letter <u>K</u> : <u>2130</u> Feet From The <u>SOUTH</u> Line and <u>1860</u> Feet From The <u>WEST</u> Line Section <u>6</u> Township <u>22S</u> Range <u>37E</u> NMPM <u>LEA</u> County	

11 Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
<b>NOTICE OF INTENTION TO:</b> PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> OTHER: <input type="checkbox"/>	<b>SUBSEQUENT REPORT OF:</b> REMEDIAL WORK <input type="checkbox"/> ALTER CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> PLUG AND ABAN. <input type="checkbox"/> CASING TEST AND CMT JOB <input type="checkbox"/> OTHER: <u>REPAIR WELLHEAD</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.
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WORK STARTED 6/14/94. DIG UP 13' AROUND WH, ROTTED OUT & COLLAPSED. INSTALL NEW WH. MIRU, ND WH, NU BOP. ROTATE THRU SCALE, CIRC TO SURF. PUMP 2000 GALS 15% HCL. ND BOP, NU SUBM HEAD. TURN WELL OVER TO PRODUCTION 06/17/94.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.	
SIGNATURE <u>Wendi Kingston</u>	TITLE <u>TECH. ASSISTANT</u>
DATE: <u>07/06/94</u>	
TYPE OR PRINT NAME <u>WENDI KINGSTON</u>	
TELEPHONE NO. <u>(915)687-7436</u>	

APPROVED BY <u>JOHN H. SEXTON</u>	TITLE <u>DISTRICT I SUPERVISOR</u>
DATE <u>JUL 11 1994</u>	
CONDITIONS OF APPROVAL, IF ANY:	

REC-100

JUL 13 1978

ODD DIVISION  
OFFICE