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.
30-025-25057

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.)

7. Lease Name or Unit Agreement Name

H. T. MATTERN (NCT-D)

1. Type of Well:
OIL WELL ☐   GAS WELL ☐   OTHER   SI

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

8. Well No.
13

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

9. Pool name or Wildcat
BLINEBRY, TUBB, DRINKARD

4. Well Location
Unit Letter N : 810 Feet From The SOUTH Line and 1930 Feet From The WEST Line

Section 6 Township 22S Range 37E 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: _____ ☐

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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SET CIBP @ 5472'.
SET CIBP @ 6450', WITH 35' CMT ON TOP.
SET CIBP @ 6200', WITH 35' CMT ON TOP.
TEST CSG 500 PSI.  LOAD HOLE W/9.5# MUD LADEN FLUID.
PERFD 5-1/2" CSG @ 1200'.  SQZD 75 SX CMT.  FULL CIRC OUT 8-5/8" CSG.
SET 100' CMT PLUG 2447'-2347'.
SET 10 SACK PLUG 1178'-1078'.
SET 5 SACK PLUG 50'-SURF.

P&A'D 12/12/97
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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 12/18/97

TYPE OR PRINT NAME J. K. RIPLEY

TELEPHONE NO. (915)687-7148

(This space for State Use)

APPROVED BY _____ TITLE COMPLIANCE OFFICER DATE JUL 1 1 2002

CONDITIONS OF APPROVAL, IF ANY:

JCJ