

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
En , Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

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.	30-025-25264
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 ☐	7. Lease Name or Unit Agreement Name Manda B Tract C
2. Name of Operator Chevron U.S.A. Inc.	8. Well No. 1
3. Address of Operator P.O. Box 670, Hobbs, NM 88240	9. Pool name or Wildcat Blinebry/Tubb/Drinkard
4. Well Location Unit Lease C : 430 Feet From The North Line and 1980 Feet From The West Line Section 28 Township 22S Range 37E NMPM Lea County	10. Elevation (Show whether OF, RKB, RT, GR, etc.) 3351'

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK ☐	REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐	ALTERING CASING ☐
PULL OR ALTER CASING ☐	COMMENCE DRILLING OPNS. ☐
OTHER: ☐	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.

IT IS PROPOSED TO PLUG AND ABANDON THE SUBJECT WELL. SET CIRC @ $\pm 2750'$, SQZ BLINEBRY, TUBB & DRINKARD PERFS, PERF SQZ HOLES @ 1200', ESTABLISH CIRC OUT OF 8 5/8" SURF CSG, CMT BACK TO SURFACE, CUT OFF WELLHEAD, INSTALL DRY HOLE MARKER, CHANGE WELL STATUS TO PLUGGED AND ABANDONED.

60' SURFACE PLUG w/ 15 SFS

THE COMMISSION MUST BE NOTIFIED 24 HOURS PRIOR TO THE BEGINNING OF PLUGGING OPERATIONS FOR THE C-103 TO BE APPROVED.

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 6-7-90

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:

JUN 12 1990