STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

OIL CONSERVATION DIVISION

SANTA FE		OX 2088	Form C-103 · Revised 10-1-7
FILE	SANTA FE, NE	W MEXICO 87501	ve4.260 IA-1-19
U.S.G.S.			5a. Indicate Type of Lease
LAND OFFICE		State Fee	
OPERATOR	·		5. State Oil & Gas Lease No.
	,		
SUNDR	Y NOTICES AND REPORTS O	N WELLS	
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL ON TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)			
1.			7. Unit Agreement Name
WELL X WELL	OTHER-	• • • •	j
2. Name of Operator Chevron U.S.A. In			8. Farm or Lease Name
	c		Vivian
3. Address of Operator			9. Well No.
P.O. Box 670 hob	bs, NM 88240		111
4. Location of Well			10. Field and Pool or Wildow
UNIT LETTER A 60	60 FEET FROM THE North	1990	Brunson Abo, Seeth
THE East LINE, SECTIO	30 TOWNSHIP 22S	38E ·	
		NANYEN	~~~. (
	15. Elevation (Show whether	er DF, RT, GR, etc.)	12, County
	3370 GL		Lea
Check A	Appropriate Box To Indicate	Nature of Notice Decree	
NOTICE OF IN	TENTION TO:		
		SOBSEQU	ENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	
TEMPORARILY ABANDON		COMMENCE DRILLING OPHS.	ALTERING CASING
PULL OR ALTER CASING	CHANGE PLANS	7 (<u>'</u>	PLUG AND ABANDONMENT
_		Recompletion	
OTHER			LXI
7. Describe Proposed or Completed Ope work) SEE RULE 1103.	rations (Clearly state all pertinent de	tails, and give pertinent dates, inclu	iding estimated date of starting any proposed
Set CIBP @ 7372 ca	pped with 10' class "C"	cement. Tested CIBP +	o 1000nci
pdacesea prinkara	periorations with 200 a	sacka alaaa Uuu	
oge coment. Letto	rated /32/-6/08 with 27	- 43" holog Agidi-al	with 5000
gallons 15% NEFE H	CL. Equip well to pump		
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			• •
. I hereby certify that the information			
. I hereby certify that the information ab	ove is true and complete to the best of	of my knowledge and belief.	
NHB 11		/	• •
into / cule	TITLE Div	ision Drilling Manager	DATE 10-21-1985
		F	
ORIGINAL SIGNED BY	JERRY SEXTON		00T 7 4 100E

ONDITIONS OF APPROVAL, IF ANY: