

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

2040 Pacheco St.
Santa Fe, NM 87505

WELL API NO.

30-025-26051

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.

3. Address of Operator

P.O. Box 1150, Midland, TX 79702

7. Lease Name or Unit Agreement Name

MARK

8. Well No.

11

9. Pool name or Wildcat

WANTZ; ABO

4. Well Location

Unit Letter A : 430 Feet From The NORTH Line and 960 Feet From The EAST Line

Section 3 Township 22S Range 37E NMPM LEA County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3393'

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: SOZD BLI PERFS. ACZD W. ABO ☒

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 EQPT. DRILLED OUT CMT & CIBP 6574'-6609'. ACZD ABO 6630'-7223' W/652 BBLS 40# GEL & 190 BBLS 28% ACID. SET CIRC @ 5530' TO SQZ BLI 5624'-5819'. PPD 225 SX CL "C"; OBTAINED SQZ OF 1930# SURF PSI. RVRSD OUT 12 SX CMT. TAGGED CMT @ 5536'; DRLD CMT & CIRC. CLEANED OUT TO 7240'. RIH W/TBG TO 6522'. RETURNED WELL TO PRODUCTION.

7/13/98 - 7/29/98

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 8/20/98

TYPE OR PRINT NAME J. K. RIPLEY

TELEPHONE NO. (915)687-7148

(This space for State Use) JOHN WILLIAMS
SUPERVISOR

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

9/24/99
CT