

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department  
**OIL CONSERVATION DIVISION**

Form C-103  
Revised 1-1-89

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

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

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)		API NO. (assigned by OCD on New Wells) <b>30-025-10828</b> ✓
1. Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. Indicate Type of Lease <b>Fed</b> STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator <b>CHEVRON U.S.A. INC.</b>		6. State Oil & Gas Lease No. <b>N/A</b>
3. Address of Operator <b>P.O. BOX 1150 MIDLAND, TX 79702 ATTN: NITA RICE</b>		7. Lease Name or Unit Agreement Name <b>C.E. LA MUNYON</b>
4. Well Location Unit Letter <b>M</b> : <b>660</b> Feet From The <b>SOUTH</b> Line and <b>660</b> Feet From The <b>WEST</b> Line Section <b>22</b> Township <b>23S</b> Range <b>37E</b> NMPM <b>LEA</b> County		8. Well No. <b>7</b>
10. Elevation(Show whether DF, RKB, RT, GR, etc.) <b>3304' GL</b>		9. Pool name or Wildcat <b>TEAGUE NORTH</b>

11 Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
<b>NOTICE OF INTENTION TO:</b>	<b>SUBSEQUENT REPORT OF:</b>
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CMT JOB <input type="checkbox"/>
OTHER: <input type="checkbox"/>	OTHER: <b>TREAT W/ACID &amp; CHLORIDE DIOXIDE</b> <input checked="" type="checkbox"/>
PLUG AND ABANDON <input type="checkbox"/>	ALTER CASING <input type="checkbox"/>
CHANGE PLANS <input type="checkbox"/>	PLUG AND ABAN. <input 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.

**WORK PERFORMED 5-3-93 THRU 5-5-93**  
**ND WH, NU BOP. TST TBG TO 5000 PSI, TREAT PERFS 7261-7339 & 7398-7408**  
**WITH 1000 GALS 15% HCL & 200 BBLs CHLORINE DIOXIDE EACH SET.**  
**ND BOP, NU WH. RUN RODS & PMP & RETURN TO PRODUCTION**

I hereby certify that the information above is true and complete to the best of my knowledge and belief.	
SIGNATURE <u><i>Nita Rice</i></u>	TITLE <b>TECHNICAL ASSISTANT</b> DATE: <b>6/2/93</b>
E OR PRINT NAME <b>NITA RICE</b>	TELEPHONE NO. <b>(915)687-7436</b>
ORIGINAL SIGNED BY <b>JERRY SEXTON</b>	
APPROVED BY <u><i>Jerry Sexton</i></u>	TITLE <b>DISTRICT SUPERVISOR</b> DATE <b>JUN - 7 1993</b>
CONDITIONS OF APPROVAL, IF ANY:	

JUN 03 1993

OOD HOBBS OFFICE