

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

50. Indicate Type of Lease
State ☐ Fee ☐
5. 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. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- Salt Water Disposal	7. Unit Agreement Name
2. Name of Operator Chevron U.S.A. Inc.	8. Farm or Lease Name State 32
3. Address of Operator P.O. Box 670 Hobbs, NM 88240	9. Well No. 2
4. Location of Well UNIT LETTER J 1980 South 1980 East 32 23 38 THE LINE, SECTION TOWNSHIP RANGE NMPM.	10. Field and Pool, or Wildcat Stateline Ellenburger
15. Elevation (Show whether DF, RT, GR, etc.) 3313 GR	12. County Lea

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> OTHER Convert to Salt Water Disposal <input checked="" type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> CASING TEST AND CEMENT JOBS <input type="checkbox"/> OTHER <input type="checkbox"/>

17. 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 with rods and tubing. RU and run nickel plated packer on 2 7/8" IPC tubing. Test tubing to 3000psi. Set packer @ 12100'±. Load and test backside to 500psi. NU injection wellhead.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED P. H. Bailey Jr. TITLE Division Drilling Manager DATE 11-19-1985

APPROVED BY Eddie W. Seay TITLE Oil & Gas Inspector DATE NOV 21 1985

CONDITIONS OF APPROVAL, IF ANY: