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U.S.G.S.

LAND OFFICE

OPERATOR

## NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103  
Supersedes Old  
C-102 and C-103  
Effective 1-1-65

5a. Indicate Type of Lease

State ☒Fee ☐

5. State Oil &amp; 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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		7. Unit Agreement Name
2. Name of Operator <b>Chevron U.S.A. Inc.</b>		8. Farm or Lease Name <b>State 32</b>
3. Address of Operator <b>P. O. Box 1660, Midland, Texas 79702</b>		9. Well No. <b>2</b>
4. Location of Well UNIT LETTER <b>J</b> <b>1980</b> FEET FROM THE <b>FNL</b> LINE AND <b>1980</b> FEET FROM THE <b>FNL</b> LINE, SECTION <b>32</b> TOWNSHIP <b>23-S</b> RANGE <b>38-E</b> NMPM.		10. Field and Pool, or Wildcat <b>Stateline (Ellen)</b>
15. Elevation (Show whether DF, RT, GR, etc.) <b>3313' GR</b>		12. County <b>Lea</b>

16.

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK ☒PLUG AND ABANDON ☐REMEDIAL WORK ☐ALTERING CASING ☐TEMPORARILY ABANDON ☐COMMENCE DRILLING OPNS. ☐PLUG AND ABANDONMENT ☐PULL OR ALTER CASING ☒CHANGE PLANS ☐CASING TEST AND CEMENT JOBS ☐OTHER ☐OTHER ☐

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.

It is proposed to replace approximately 6000' of 5 1/2" casing, if necessary replace 2 7/8" tubing, and acidize if needed. Estimated date of starting July 1, 1980.

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

SIGNED J. J. Pitner **J. J. Pitner** TITLE Engineering Assistant DATE June 5, 1980

APPROVED BY Jerry Swann TITLE Field Engineer DATE JUN 9 1980

CONDITIONS OF APPROVAL, IF ANY: