

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-103  
Revised 10-1-78

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

3a. Indicate Type of Lease	
State <input type="checkbox"/>	Fee <input checked="" type="checkbox"/>
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- Water Injector		7. Unit Agreement Name Stuart Langle Mattix Unit
2. Name of Operator Chevron U.S.A. Inc.		8. Farm or Lease Name
3. Address of Operator P.O. Box 670 Hobbs, NM 88240		9. Well No. 117
4. Location of Well UNIT LETTER <u>G</u> 1980 FEET FROM THE <u>North</u> LINE AND 1980 FEET FROM THE <u>East</u> LINE, SECTION <u>10</u> TOWNSHIP <u>25S</u> RANGE <u>37E</u> NMPM.		10. Field and Pool, or Wildcat Langle, Mattix Seven Rivers Queen
15. Elevation (Show whether DF, RT, GR, etc.) 3120 DF		12. County Lea

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data  
NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input checked="" type="checkbox"/> Locate and Repair Casing Leaks

SUBSEQUENT REPORT OF:

REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOB <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 1703.

POH with tubing and packer. TIH with packer and RBP. Locate casing leaks. Cement as necessary. Drillout cement. TIH with tubing and packer. Test casing and packer to 500 psi for 30 minutes. Return to injection.

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

SIGNED P. H. Butler Jr.

TITLE Division Drilling Manager DATE 2-6-1986

ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT 1 SUPERVISOR

APPROVED BY \_\_\_\_\_

TITLE \_\_\_\_\_

DATE FEB 10 1986

CONDITIONS OF APPROVAL, IF ANY: