

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 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

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

WELL APT NO.

30-025-11208

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

CHEURON USA INC

3. Address of Operator

P.O. Box 1150 MIDLAND TX 79702 ATTN EDDHERTY

4. Well Location

Unit Letter N : 660 Feet From The South Line and 1830 Feet From The WEST Line

Section

23

Township

24S

Range

37E

NMPM

LEA

Country

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

3207 GR

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: ☐

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.

DRILL DAILY OUT CIBP @ 5650 + 5700 - ACC 2 PERFS 6075'-6145' W/3000
GALS 15% NEFE. RU + RUN GR-CCG LOGS PERF 6047'-5848' W/2 JHP
180° PHASING 4" GUNS. ACC 2 5848'-6145' W/5000 gals 15% NEFE SWAB WELL.
RE ACIDIZE 5848'-6145' W/15,000 gals 28% NEFE W/50% CO2 FLOWED
WELL.

TURNED OVER to production.

WORK STARTED 1/6/91

ENDED 1/20/91

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

SIGNATURE

E.O. Doherty

TITLE

IA Delg.

DATE

1/28/91

TYPE OR PRINT NAME

E.O. Doherty

715 687-7812
TELEPHONE NO.

(This space for State Use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

FEB 01 1991

Submit to Appropriate
District Office
State Lease - 6 copies
Fee Lease - 5 copies

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-101
Revised 1-1-89

OIL CONSERVATION DIVISION

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

API NO. (assigned by OCD on New Wells)

30-025-11208

5. Indicate Type of Lease

STATE ☐

FEE ☒

6. State Oil & Gas Lease No.

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work:

DRILL ☐

RE-ENTER ☐

DEEPEN ☒

PLUG BACK ☐

b. Type of Well:

OIL
WELL ☒

GAS
WELL ☐

OTHER ☐

SINGLE
ZONE ☒

MULTIPLE
ZONE ☐

7. Lease Name or Unit Agreement Name

Plains Knight

2. Name of Operator

CHEVRON U.S.A. Inc.

8. Well No.

2

3. Address of Operator

P.O. Box 1150 Midland TX 79702

9. Pool name or Wildcat
Fowler Tubb

4. Well Location

Unit Letter N : 660 Feet From The South Line and 1830 Feet From The WEST Line

Section 23

Township 24S

Range 37E

NMPM LEA

County

10. Proposed Depth

10,650

11. Formation

Tubb

12. Rotary or C.T.

13. Elevations (Show whether DF, RT, GR, etc.)

3207 GL

14. Kind & Status Plug Bond

Blanket

15. Drilling Contractor

Unknown

16. Approx. Date Work will start

17.

PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
17 1/4	13 3/8	48	325	350	
12 1/4	9 5/8	40	4000	1000	
8 3/4	7	23, 26, 29	10,300	600	

PROPOSED to T.A. the Fowler Upper YESO and REcomplete in Fowler Tubb.
D/O CIBP @ 5650' + 5590' C/O to 6155' NEW PBTD.
ACD'2 Existing tubb perf's 6075-6145' w/3000g 15° NEFE.
Run GR-CCL Log f 6155' to 5000'. Perf w/4" csg guns 180° phasing
from 5848-6047' total of 36 Holes. 2 JHPF.
ACD'2 5848-6047 w/5000g 15° NEFE HCL.

Flow back + return to production.

IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM: IF PROPOSAL IS TO DEEPEN OR PLUG BACK, GIVE DATA ON PRESENT PRODUCTIVE ZONE AND PROPOSED NEW PRODUCTIVE ZONE. GIVE BLOWOUT PREVENTER PROGRAM, IF ANY.

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

SIGNATURE

E.O. Doherty

TITLE

T.A. Delg.

DATE

9/19/90

TYPE OR PRINT NAME

E.O. DOHERTY

915-687-7812

TELEPHONE NO.

(This space for State Use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

SEP 21 1990