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

5a. Indicate Type of Lease: State [X] 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 [ ] GAS WELL [ ] 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.: 102

4. Location of Well
UNIT LETTER E, 1980 FEET FROM THE North LINE AND 660 FEET FROM THE West LINE, SECTION 2 TOWNSHIP 25S RANGE 37E NMPM.

10. Field and Pool, or Wildcat: Langle Mattix Seven River Queen

15. Elevation (Show whether DF, RT, GR, etc.): 3167 DF

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 [ ]	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 JOB [ ]	
		OTHER Repair Packer [X]	
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.

POH with tubing and packer. TIH with packer and RBP. Test casing to 500 psi. Set packer at 3208'. Loaded backside with 1% corrosion INH + 10#/100 BBl Oxygen scavenger in 8.6# CBN. Test packer to 500 psi (witnessed by Ray Smith 2/14/86). Return to injection.

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

SIGNED M W Seay TITLE Division Proration Engineer DATE 2/24/86

APPROVED BY Eddie W. Seay Oil & Gas Inspector TITLE _____ DATE FEB 24 1986

CONDITIONS OF APPROVAL, IF ANY: