STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
OPERATOR		

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-

5a. 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.)

OIL WELL ☐ GAS WELL ☐ OTHER- Injector

7. Unit Agreement Name
Stuart Langlie Mattix

Name of Operator
Chevron U.S.A. Inc.

8. Farm or Lease Name

Address of Operator
P.O. Box 670 Hobbs, NM 88240

9. Well No.
123

Location of Well
UNIT LETTER K , 1650 FEET FROM THE South LINE AND 2310 FEET FROM THE West LINE, SECTION 10 TOWNSHIP 25S RANGE 37E NMPM.

10. Field and Pool, or Wildcat
Langlie Mattix SR Q G

15. Elevation (Show whether DF, RT, GR, etc.)
3113

12. County
Lea

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 ☐		OTHER ☐	

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.

TD: 3444

Work performed 10-8-88 thru 10-11-88

POOH w/ prod. equip. Cleanout to 3428, circulate clean. Cleanout to 3444 MD, circulate clean. Acidize w/3000 gallons 15% NEFE HCL. Swab. TIH, internally tst tbg to 2500psi, test annulus and pkr to 540psi, ok. Turn over to production dept.

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

M. E. Abney TITLE Staff Drilling Engineer DATE Oct. 24, 1988

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: