

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 API NO.	30-025-24167
5. Indicate Type of Lease	STATE ☒ FEE ☐
6. State Oil & Gas Lease No.	B2431
7. Lease Name or Unit Agreement Name	
J. R. Holt NCT-A	
8. Well No.	4
9. Pool name or Wildcat	Fowler - Tubbs
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	
Lea County	

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	Chevron U.S.A. Inc.
3. Address of Operator	P.O. Box 670, Hobbs, NM 88240
4. Well Location	Unit Letter J : 1980 Feet From The South Line and 2080 Feet From The East Line
Section 16	Township 24S Range 37E NMPM

11. 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 ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐	OTHER: ☐	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.

Work performed: 3-3-89 thru 3-17-89

TD: 7672

PB: 7325

POH w/production equipment. CO scale and fill to 6284. Circulate clean. Acidz perfs at 6054' to 6138' w/4000 gallons 15% NEFE HCL, swab. RIH w/ 2 3/8" prod tbg to 6233'. TAC at 5254', CN @ 6197'. Ran rods and pump. Turn over to prod.

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

SIGNATURE L. K. Eemue TITLE Technical Asst. DATE 3-23-89

TYPE OR PRINT NAME

TELEPHONE NO.

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

MAR 28 1989

RECEIVED

MAR 27 1969

GCD
HOGES OFFICE