

Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-133 Revised 1-1-89

P.O. Box 1980, Hobbs, NM 88240

OIL CONSERVATION DIVISION

P.O. Box 2088

P.O. Drawer DD, Artesia, NM 88210

Santa Fe, New Mexico 87504-2088

1000 Red Bluff Rd., Aztec, NM 87410

WELL API NO. 30-025-23173

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
 Chevron U.S.A. Inc.

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

4. Well Location
 Unit Lower 0 : 330 Feet From The south Line and 2218 Feet From The east Line

Section 29 Township 18S Range 38E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
 3646' GR

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
FULL OR ALTER CASING <input type="checkbox"/>		CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: Add Perfs/Acdz. <input checked="" type="checkbox"/>		OTHER: <input type="checkbox"/>	

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.

Add additional perfs in Blinebry (proposed 5914-5978', 5990-6006', 6011-6032') total of 104 holes. Acdz. W/6000g of 15% NEFE HCL.

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

SIGNATURE M. E. Akins TITLE Staff Drlg. Engr. DATE 8/21/89

TYPE OR PRINT NAME M.E. Akins TELEPHONE NO. 505-393-4121

ORIGINAL SIGNED BY JERRY SEXTON
 DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: _____

AUG 23 1989