Submit 3 Copies to Appropriate

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103

District Office	OIL CONSERVATION DIV	VISION	Revisied 1-1-89
DISTRICT I P.O. Box 1980, Hobbs, NM 8824 DISTRICT II	Santa Fe New Maxico		
P.O. Drawer Dd, Artesia, NM 882	10	API NO. (assign 30-025-04	ed by OCD on New Wells)
DISTRICT III 1000 Rio Brazos Rd., Aztec, Nm 8		5. Indicate Typ	
TOOG NIG GREECE NO., AZTRC, NM S	i7410		STATE X FEE
		6. State Oil &	Gas Lease No.
	SUNDRY NOTICES AND REPORTS ON WELLS	N/A	
(DO NOT USE	THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR	PLUC DAOK TO	
	THE THE RESERVOIR. USE "APPLICATION FOR PERMIT		or Unit Agreement Name STATE (NCT-C)
1. Type of Well:	(FORM C-101) FOR SUCH PROPOSALS.)		
OIL	GAS		
WELL	WELL X OTHER		
2. Name of Operator	- OTHER		
CHEVRON L	J.S.A. INC.	8. Well No.	
3. Address of Operator			1
P.O. BOX 1150 MIDLA	ND, TX 79702 ATTN: P.R. MATTHEWS	9. Pool name or	
4. Well Location Unit Letter		EUMONT G	AS
Section 24	J : 1980' Feet From The SOUTH	Line and 1980'	Fact From The FACT
	Township 195	Page 265	Feet From TheEAST Line
	10. Elevation(Show whether DF,	RKB, RT, GR, etc.)	NMPM LEA County
11	Check Appropriate Box to Indecess Notice (A)		
NOTICE OF I	Check Appropriate Box to Indecate Nature of Notice, Re NTENTION TO:	port, or Other Data	
PERFORM REMEDIAL WORK	PI UG AND ARANDON	SUBSEQUENT REPORT OF:	
TEMPORARILY ABANDON	CHANGE BLAND		ALTER CASING
PULL OR ALTER CASING	COMMENCE DRIL	L	PLUG AND ABAN.
OTHER:	CASING TEST AN	D CMT JOB	
	OTHER: PL	UG BACK EUNICE MONUMEN	IT ZONE
12. Describe Proposed or Complete	d Operations(Clearly state all pertinent details, and give pertinent dates, i		
esticated date of starting any pro	posed work) SEE RULE 1103.	ncluding	
MIRU, POOH	WITH PRODUCTION EQUIP.		
LEFT FISH IN	HOLE AT 3780' E AND 1 CHT 1811		
TIH WITH CIE	HOLE AT 3780'. 5 AND 1 CUT JOINTS OF 2	3/8 * TBG.	
TILI WITH A	BP AND SET AT 3769', CAP WITH 35' OF CEM	ENT. PBTD AT 3734'.	
2.0	70 TBG. SET AT 3709'.		
ND ROL VNU	NII WELLBEAD		

OP AND NU WELLHEAD. RIG DOWN AND MOVE OUT ON 6-9-92.

I hereby certify that the information as	ove is true and complete to the be	et of my knowledge and belief.		
SIGNITURE	Matter	TITLE TECH. ASSISTANT	DATE:	6-9-92
TYPE OR PRINT NAME	P.R. MATTHEWS		75 500	10451007 7010
•			TELEPHONE NO. (915)687-7812	
APPROVED BY		TITLE		
CONDITIONS OF APPROVAL, IF ANY:			DATE	★ *** *** *** *** *** *** *** *** *** *** * * ** **

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