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	80, Hobbs, NM 88240 P.O. Box 2088		WELL API NO.
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	Santa Fe, New Mexico 87504-2088 Santa Fe, New Mexico 87504-2088		N/A 5. Indicate Type of Lease
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410			STATE FEE X 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.)			7. Lease Name or Unit Agreement Name
1. Type of Well: OIL WELL GAS WELL GAS	OTHER LP	G STORAGE	RAW PRODUCT STORAGE WELL
Name of Operator WARREN PETROLEUM COMPA Address of Operator	and Chevron Us;	Dvc	8. Well No.
P. O. BOX 67, MONUMENT, NEW MEXICO 88265 Well Location		9. Pool name or Wildcat N/A	
Unit Letter M: 1020 Feet From The SOUTH Line and 1220 Feet From The WEST Line			
Section 36 Township 19S Range 36E NMPM LEA County			
11. Check Appropriate Poy to Indicate Nature of N P.			
NOTICE OF INTERPOPAGE BOX to indicate Nature of Notice, Report, or Other Data			
SSSCACENT TIEF ON OF:			
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	X ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	OPNS. PLUG AND ABANDONMENT
		CASING TEST AND CE	MENT JOB
OTHER:		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.			
1. BRINE PRESSURE TEST (6-5-01 - 6-10-91) 2. REMOBED EXISTING WELL HEAD AND TUBING 3. RAN LOGS			
DIRECTIONAL SU CALIPER SURVEY DENSITY SURVEY VERTILOG (6-30	91)		
4. SET 7" CASING LINE 5. RAN MECHANICAL INT	R FROM SURFACE TO 1136 EGRITY TEST (7-10-91 -	5' DUE TO INCOMP - 7-17-91)	PLETE CENENT BOND AND PITTING
6. REPLACED WELL HEAD AND TUBING (5" - 1465')			
I hereby certify that the information above is true and complete to the best of my knowledge and belief.			
SIGNATURE TITLE PLANT MANAGER DATE 09-19-91			
THE OPEN THE STATE OF THE STATE	//		

C. L. COARSEY TELEPHONE NO. 393-2823 (This space for State Use) APPROVED BY-- TITLE -CONDITIONS OF APPROVAL, IF ANY: