2 Submit 3 Copies to Appropriate

## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103

District Office  CINCED VATION DIVISION	artment	Revisied 1-1-88
OIL CONSERVATION DIVISION	N	
P.O. Box 2088  DISTRICT I Santa Fe, New Maying 97504 co.		
DISTRICT   Santa Fe, New Mexico 87504-20	188	
DISTRICT II	481448	
P.O. Drawer Dd, Artesia, NM 88210	30-025-112	by OCD on New Welle)
<u>DISTRICT III</u> 1000 Rio Brazoe Rd., Aztec, Nm 87410		
100 biazos na., Aztec, Nm 87410	5. Indicate Type	TATE -
	6. State Oil & Ga	s Lease No.
SUNDRY NOTICES AND REPORTS ON WELLS	N/A	
LOO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR BLUE OF	PACK 2	
I SE APPLICATION FOR PERMIT	7. Lease Name or	Unit Agreement Name
(FORM C-101) FOR SUCH PROPOSALS.)  1. Type of Well:		
OIL GAS		
WELL X WELL OTHER		
2. Name of Operator	PLAINS KNIG	HT
CHEVRON U.S.A. INC.	8. Well No.	
3. Address of Operator	2	
P.O. BOX 1150 MIDLAND, TX 79702 ATTN: NITA RICE	9. Pool name or W	
Hariat contains	FOWLER SOL	ITH Tubb
Section 23 Line s	and 1832 Fe	t From The \MECT
Remarks 245	275	IDAA I CA
10. Elevation(Show whether DF, RKB, RT, GR,	, etc.)	LEA COU
COMMENCE DRILLING OPNS.  CASING TEST AND CMT JOB  OTHER:  2. Describe Proposed or Completed Operations(Clearly state all pertinent details, and give pertinent dates, including esticated data of starting any proposed work) SEE RULE 1103.  WE PROPOSE TO:  MIRU PU, ND WH, NU BOP. RUN LINER F/5100-5800'. PERFORAT NOT TO BE COVERED UP. PLACE WELL BACK ON PRODUCTION	ing	48-6145
reby certify that the information above is true and complete to the best of my knowledge and belief.  NITURE	DATE: 4	/13/93
E OR PRINT NAME NITA RICE		
	TELEPHONE NO. (915	

I hereby certify that the information above is true and complete to the best of my knowledge and belief.	
TITLE TECHNICAL ASSISTANT	DATE: 4/13/93
TYPE OR PRINT NAME NITA RICE	
ORIGINAL SECNOD BY JERRY SEXTON	TELEPHONE NO. (915)687-7436
APPROVED BY SETTINGS 1 SUPPR SISORTITLE CONDITIONS OF APPROVAL, IF ANY:	APR 15 1993