

CONSERVATION DIVISION
 P. O. BOX 2088
 SANTA FE, NEW MEXICO 87501

Form C-103
 Revised 10-1-78

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DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease
 State Fee
 5. State Oil & Gas Lease No.
 B-229

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.)

Oil Well Gas Well OTHER

Name of Operator
 Chevron U.S.A. Inc.

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

Location of Well
 UNIT LETTER F 1980 FEET FROM THE North LINE AND 1980 FEET FROM
 THE West LINE, SECTION 36 TOWNSHIP 25S RANGE 37E W.M.P.M.

7. Unit Agreement Name
 8. Form or Lease Name
 Arnott Ramsey (NCT-F)
 9. Well No.
 11
 10. Field and Pool, or WHAcat
 Justis Blinebry
 12. County
 Lea

15. Elevation (Show whether DF, RT, GR, etc.)
 3035' GL

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
 NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

FORM 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"/>
DRILL OR ALTER CASING <input type="checkbox"/>		CASING TEST AND CEMENT JOBS <input type="checkbox"/>	
OTHER <input checked="" type="checkbox"/>		OTHER <input type="checkbox"/>	

Plug Back to 5150'

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.

Set CIBP @ 5150' to prevent lower Blinebry perforations (5200 - 5453) from thieving production. Return to production.

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

By AS Miller TITLE Drilling Superintendent DATE 11-3-1986

APPROVED BY _____ TITLE _____ DATE _____
 CONDITIONS OF APPROVAL, IF ANY: