

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

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

DISTRICT II
P.O. Drawer DD, Aramis, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

WELL API NO.	30-025-04100
5. Indicate Type of Lease	STATE <input type="checkbox"/> FEZ <input type="checkbox"/>
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 WIW

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

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

4. Well Location
 Unit Letter A : 990 Feet From The North Line and 330 Feet From The East Line
 Section 33 Township 19S Range 36E NMPM Lea County

7. Lease Name or Unit Agreement Name

Northwest Eumont Unit

8. Well No. 149

9. Pool name or Widest
Eumont Y-SR-0

10. Elevation (Show whether OF, RKB, RT, GR, etc.)

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"/>
PULL OR ALTER CASING <input type="checkbox"/>	Locate csg leak, sqz, return to water injection <input checked="" type="checkbox"/>	CASING TEST AND CEMENT JOB <input 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.

IT IS PROPOSED TO:

- LOCATE CSG LEAKS
- SQZ AS NECESSARY
- RETURN WELL TO WATER INJECTION

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

SIGNATURE M. E. Akins 8/17/90 TITLE Staff Drlg. Engr. DATE 8-17-90

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

(This space for State Use)
 APPROVED BY _____ TITLE _____ DATE AUG 21 1990
 ORIGINAL SIGNED BY JERRY SEXTON
 DEPARTMENT SUPERVISOR
 CONDITIONS OF APPROVAL, IF ANY: