Submit 3 Copies to Appropriate

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

District Office				1101200	1 1-07
DISTRICT I P.O. Box 1980, Hobbs NM 88241-1980	OIL CONSERVATION		WELL API NO		
P.O. Box 2088 DISTRICT II Santa Fe, New Mexico 87504-2088			30-025-05640		
P.O. Drawer DD, Artesia, NM 88210			5. Indicate Type	e of Lease	[V]
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil & C		FEE X
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.)			<i>VIIIIIIII</i>		
			7. Lease Name or Unit Agreement Name		
1. Type of Well: OIL GAS WELL WELL	other U	ter Supalu	B. V. CULP	(NCT-A)	
2. Name of Operator		wen	8. Well No.		
Chevron U.S.A. Inc. 3. Address of Operator	· · · · · · · · · · · · · · · · · · ·		9. Pool name or	- W/14 A	
P.O. Box 1150, Midland,	TX 79702		WSW; SAN AND		
4. Well Location Unit Letter F : 2310	Feet From The NORTH	Line and 22	39 Feet Fr	om The WEST	Line
Section 19	Township 19S R	ange 37E	NMPM	LEA	
	10. Elevation (Show wheth		c.)	<u> </u>	County
11. Check Ann	monriete Povete Indicate	NT-4	TD	<u> </u>	
NOTICE OF IN	ropriate Box to Indicate	1			-
NO NOE OF IN	ENTION TO.	308		T REPORT O	F:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK		ALTERING CASING	
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	OPNS.	PLUG AND ABANDO	ONMENT X
PULL OR ALTER CASING		CASING TEST AND CE	MENT JOB		
OTHER:		OTHER:			
12. Describe Proposed or Completed Operat	ions (Clearly state all partinent dat	ails and give neutinent de	ton including setim		
work) SEE RULE 1103.	construction of the constr	ans, and give periment da	tes, including estin	uateu date of starting a	my proposed
PERFD 416' W/4 JHPF.	56'-3206'. CLEANED OUT 3 SET CICR @ 354'; SQZD 6 F CELLAR, CUT OFF WH, INS	O SX CMT BELOW CIC	R. PULLED O	UT OF CICR & PPD	
P&A'D 10/23/97					
10, 20, 20, 3,					
I hereby certify that the information above is true	and associate to the first of the last				
SIGNATURE Q. K. Riple		E TECHNICAL ASSIST	TANT	DATE 10/2	28/97
TYPE OR PRINT NAME J. K. RIPLEY	<i>!</i>			TELEPHONE NO. (915)	687.7148
(This space for State Use)	<u> </u>			ADD	9.2 4000
APPROVED BY Charles Le	rui m	e & Gas insi	PECTOR	DATE A C	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
CONDITIONS OF APPROVAL, IF ANY:				- 1 1 X	No.
				V / 14.	'