## 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  DISTRICT II P.O. Drawer DD, Artesia, NM 88210	OIL CONSERVATION DIVISION 310 Old Santa Fe Trail, Room 206 Santa Fe, New Mexico 87503		<b>WELL API NO.</b> 30-025-12482	
DISTRICT III		5. Indicate Type of Lesse	_	
1000 Rio Brazos Rd., Aziec, NM 87410			STATE X FEE  6. State Oil & Ges Lesse No.  AO1543 ASSIGNMENT 1	
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. Lesse Name or Unit Agreement Name	
I. Type of Well: Oil. GAS WELL WELL	OTHER SWD		GRAHAM STATE NCT "F"	
2. Name of Operator CHEVRON U.S.A. INC			8. Well No.	
3. Address of Operator			7	
P. O. BOX 67 MONUMENT, NEW MEXICO 88265			9. Pool name or Wilden SWD;  MONUMENT LOWER SAN ANDRES	
Unit LetterO :1650 F	ect From The EAST	Line and330	E COLUMN	ine
Section 36	owaship 19S R	unge 36E n	IMPM LEA CONTROL	
	10. Elevation (Show whether	DF, RKB, RT, GR, etc.)	MMPM LEA County	, []]
11. Check Approx	3577'	Notice of Notice D		
11. Check Appropriate Box to Indicate Nature of Notice, ReNOTICE OF INTENTION TO:			port, or Other Data SEQUENT REPORT OF:	
BEDEODLA DEL COLO	PLUG AND ABANDON	}		_
TELEPOPARIE MARRIED	_	REMEDIAL WORK	ALTERING CASING	
PULL OR ALTER CASING CHANGE PLANS COMMENCE DRILLING			OPNS. PLUG AND ABANDONMENT	
_	_	CASING TEST AND CEM	ENT JOB	
OTHER:		OTHER: SWD-		
<ol> <li>Describe Proposed or Completed Operations (C work) SEE RULE 1103.</li> </ol>	learly state all pertinent details, a	nd give pertinent dates, includ	ling estimated date of starting any proposed	
SET CIBP @ 6850' CIRC. W/ CIRC. CL "C" NEAT 6850' PERF. 4285 - 4380; 4554 W/ 4-JHPF. ACIDIZED: 4000 GAL 28% 2	TO 4872' TAG'D TOC - 4560; 4590 - 460 6,00 <b>0</b> GAL 15% W/ 10	W/ WL 8; 4620 - 4680;		
ISIP VAC INJ. RATE 2 BPM ON VAC	MIR 12 BPM @ 445	O PSIG	BBCK	
SET LOK-SET PKR @ 4225' O	N 2-3/8" J-55 IPC	TBG.		
			•	
SWD:561				
I hereby certify that the information above is true and comple	sie to the best of my knowledge and belie			
SIGNATURE JONEST VIOL	<i>ah</i> m.		1gs. DATE 3-14-95	
TYPE OR PRINT NAME FORREST	C. NOAH		TELEPHONE NO. 505-393-2823	
(This space for State Use) ORIGINAL SIGNED BY DISTRICT I SUPI	JERRY SEXTON SRVISOR		MAR 2 2 1995	=
APPROVED BYCONDITIONS OF APPROVAL, IF ANY:	mu	E ———	DATE	_

TORN