Submit 3 Copies to Appropriate District Office

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

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

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

State of New Mexico
Energy, Minerals and Natural Resources Department

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

Form C-103
Revised 1-1-89

WELL API NO. 30-025-28319

5. Indicate Type of Lease STATE [X] FEE [ ]

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.)

7. Lease Name or Unit Agreement Name: LEA "AQ" STATE

1. Type of Well: OIL WELL [X] GAS WELL [ ] OTHER

2. Name of Operator: CHEVRON U.S.A. INC.

8. Well No. 2

3. Address of Operator: 15 Smith Rd Midland TX 79707 P.O. Box 1150

9. Pool name or Wildcat: ~~San Andres~~ W PEARL Queen

4. Well Location
Unit Letter D : 880 Feet From The North Line and 330 Feet From The WEST Line

Section 33 Township 19S Range 35 E NMPM LEA County

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3731'

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK	[ ]	PLUG AND ABANDON	[ ]	REMEDIAL WORK	[ ]	ALTERING CASING	
TEMPORARILY ABANDON	[ ]	CHANGE PLANS	[ ]	COMMENCE DRILLING OPNS.	[ ]	PLUG AND ABANDONMENT	
PULL OR ALTER CASING	[ ]			CASING TEST AND CEMENT JOB	[ ]		
OTHER:	[ ]			OTHER:			

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.

CICR WELL W/P.A MUD
Spot 45sx blanced cmt plug f 5490/5046
SET 30sx plug f 3452/3162
SET 25 sx plug f 514/274
SET 10 sx plug f 60/surface installed dryhole marker
Work started 8/29/90 ENDED 8/30/90

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

SIGNATURE M. E. Abrin 9/5/90 TITLE Drlg. Supt. DATE 9/5/90

TYPE OR PRINT NAME TELEPHONE NO.

(This space for State Use)

APPROVED BY Dennis L. Smith TITLE OIL & GAS INSPECTOR DATE

CONDITIONS OF APPROVAL, IF ANY:

E