

Submit 3 Copies
to Appropriate
District Office

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

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

API NO. (assigned by OCD on New Wells)

30-025-08784

5. Indicate Type of Lease

STATE



FEE



6. State Oil & Gas Lease No.

N/A

7. Lease Name or Unit Agreement Name

J. F. JANDA "F"

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

GAS

WELL



WELL



OTHER

~~SALT-WATER DISPOSAL~~

2. Name of Operator

CHEVRON U.S.A. INC.

8. Well No.

17

3. Address of Operator

P.O. BOX 1150 MIDLAND, TX 79702 ATTN: NITA RICE

9. Pool name or Wildcat

GRAYBURG/SAN ANDRES

4. Well Location

Unit Letter

A

330

Feet From The

NORTH

Line and

330

Feet From The

EAST

Line

Section

4

Township

22 SOUTH

Range

36E

NMPM

LEA

County

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

3576' GL

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK



PLUG AND ABANDON



TEMPORARILY ABANDON



CHANGE PLANS



PULL OR ALTER CASING



OTHER:

CONVERT TO WATER SUPPLY



SUBSEQUENT REPORT OF:

REMEDIAL WORK



ALTER CASING



COMMENCE DRILLING OPNS.



PLUG AND ABAN.



CASING TEST AND CMT JOB



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.

WE PROPOSE TO:

ND WH, NU BOPE, LD PKR & 2-3/8 INJ TBG.

RUN 2-7/8 TBG & SUBMERSIBLE PMP TO 1500'. ND BOP & NU WH.

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

SIGNATURE

Nita Rice

TITLE

TECHNICAL ASSISTANT

DATE:

8-15-94

TYPE OR PRINT NAME

NITA RICE

TELEPHONE NO.

(915)687-7436

APPROVED BY

TITLE

DATE

AUG 18 1994

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

AUG 17 1944

U.S. AIR FORCE
OFFICE