Submit 3 Copies to Appropriate

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

to Appropriate District Office	Lifeigy, Willierars and Waterar	100001005 Department		Revise	a 1-1-89
<u>DISTRICT I</u> P.O. Box 1980, Hobbs NM 88241-1980	OIL CONSERVATION DIVISION 2040 Pacheco St. Santa Fe, NM 87505		WELL API NO.		
DISTRICT II P.O. Drawer DD, Artesia, NM 88210			30-025-34329 5. Indicate Type of Lease STATE FEE		
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil & Ga		PEE -
SUNDRY NOTICES AND REPORTS ON WELLS					
(DO NOT USE THIS FORM FOR PRODIFFERENT RESE	OPOSALS TO DRILL OR TO DEEPEN RVOIR. USE "APPLICATION FOR PE -101) FOR SUCH PROPOSALS.)	NOR PLUG BACK TO A	7. Lease Name of	r Unit Agreement Na	ime
1. Type of Well: OIL GAS WELL WELL	OTHER		JAYHAWK		
2. Name of Operator			8. Well No.		
Chevron U.S.A. Inc.			1	***** 1	
3. Address of Operator P.O. Box 1150, Midland, TX	79702		9. Pool name or MONUMENT; TU		
4. Well Location Unit Letter M : 330	Feet From The SOUTH	Line and 33	Feet Fro	om The WES	Line
Section 35	Township 19S	Range 37E	NMPM	LEA	County
Section	10. Elevation (Show whe	ther DF, RKB, RT, GR, et			
(/////////////////////////////////////	ppropriate Box to Indicat	e Nature of Notice	Report, or	Other Data	<i></i>
-	NTENTION TO:			REPORT (OF:
NO 1102 01 1			П	•	Г
PERFORM REMEDIAL WORK	PLUG AND ABANDON L	REMEDIAL WORK		ALTERING CASI	√G ∟
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	a OPNS.	PLUG AND ABAN	IDONMENT L
PULL OR ALTER CASING		CASING TEST AND C	EMENT JOB		
OTHER:		OTHER: ISOLATED	DRINKARD PERI	<u>s</u>	
12. Describe Proposed or Completed Opwork) SEE RULE 1103.	perations (Clearly state all pertinent o	details, and give pertinent d	ates, including estir	nated date of startin	g any proposed
SET PKR W/BLANKING PLUG	@ 6691'. RETURNED WELL T	TO PRODUCTION IN TU	BB.		
WORK PERFORMED 2/12/99	- 2/13/99				
	•				
I hereby certify that the information above it	s true and complete to the best of my knowl	edge and belief.			
SIGNATURE OK. KIL	sley	TITLE TECHNICAL ASSI	STANT	DATE	3/1/99
TYPE OR PRINT NAME J. K. RIPLE	<u></u>			TELEPHONE NO. (9	<u>15)687-7148</u>
(This space for State Use)					
APPROVED BY		TITLE		DATE	

CONDITIONS OF APPROVAL, IF ANY: