

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

OIL CONSERVATION DIVISION

2040 Pacheco St.

Santa Fe, NM 87505

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

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

WELL API NO.

30-025-06833

5. Indicate Type of Lease  
STATE  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 G-101) FOR SUCH PROPOSALS.)

7. Lease Name or Unit Agreement Name  
J.N. CARSON (NCT-C)

#6

1. Type of Well:  
OIL WELL  GAS WELL  OTHER  DUAL Completion

2. Name of Operator  
CHEVRON USA Inc.

8. Well No. 6

3. Address of Operator  
2401 AVENUE "O"  
P.O. BOX 1949 ENOICE, NM 88231

9. Pool name or Wildcat  
PENROSE SKELLY/BLINEBRY

4. Well Location  
Unit Letter P : 330 Feet From The South Line and 965 Feet From The EAST Line

Section 28 Township 21 S Range 37 E NMPM LEA County

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

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input checked="" type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>		CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: Packer Leakage Test <input checked="" type="checkbox"/>	

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.

Proposed Date to Plug & Abandon is April of 2001

OCD

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

SIGNATURE Benny Naua TITLE GAS MEASUREMENT SPECIALIST DATE 1-23-01  
TYPE OR PRINT NAME BENNY M. NAUA TELEPHONE NO.

(This space for State Use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

Handwritten initials 'SC'