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

OIL CONSERVATION DIVISION 310 Old Santa Fe Trail, Room 206 Santa Fe, New Mexico 87503

| ELL API NO. | 88772 |
|-------------|-------|
| 30-025- | 03122 |

| DISTRICT II | | |
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| P.O. Drawer DD, Artes | sia, NM 8821 | 0 |

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| ISTRICT III | | | | |
|---|---|--|--|--|
| 000 Rio Brazos Rd., Aztec, NM 87410 | 6. State Oil & Gas Leese 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 J. F. JANDA NCT-F | | | |
| Type of Well: OIL GAS ('OTHER TAID) | · | | | |
| Name of Operator CHEVRON USA INC | 8. Well No. | | | |
| Address of Operator P.O. BOX 670 HOBBS , NM | 9. Pool name or Wildcat EUNICE SOUTH | | | |
| Well Location Unit Letter : Col. Feet From The Det Line and Col. | Peet From The Line | | | |
| Section 04 Township 225 Range 36 E | NMPM | | | |

| 11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data | | | | | | |
|---|----------|------------------|--|----------------------------|------------|-------------|
| NOTICE (| OF INTEN | ITION TO: | | SUBSEQUE | NT REPORT | OF: |
| PERFORM REMEDIAL WORK | | PLUG AND ABANDON | | REMEDIAL WORK | ALTERING O | CASING [|
| TEMPORARILY ABANDON | | CHANGE PLANS | | COMMENCE DRILLING OPNS. | PLUG AND | ABANDONMENT |
| PULL OR ALTER CASING | | | | CASING TEST AND CEMENT JOB | | |
| OTHER: | | | | OTHER: REQUES 7 7 | T.A" STAT | us D |

| | ed Operations (Clearly state out perturent assauts, and give perturent takes, becausing estimates take of statum group proposes. | |
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| work) SEE RULE 1103. | | |
| WELL WAS | T-A'D IN 2/12/85 CIBP SET @ 3650' | |
| TOST WAS | RUN Because OF Fiveyear Test Scheoute on 1/24/ JENNINGS BUT C-103 WAS NOT FILED W/OCD. | 195° |
| By DAVID | JENNINGS BUT C-103 WAS NOT FILED WIOCD. | |

| This Approva | 1 of Tea | porary | | 11 | وم المبدد |
|--------------|----------|--------|------|----|-----------|
| Abandonment | Expires | | | | |

| I hereby certify that the information above is true and complete to the best of my knowledge and belief. | |
|--|-----------------------------------|
| I hereby certify that the information above is true and complete to the best of my knowledge and belief. SEGNATURE TITLE | RODUCTION SPECIALIST DATE 8/21/95 |
| TYPEOR PRINT NAME FELIX TREVIAN | TELEPHONE NO. 505-397-8745 |
| (This space for State Use) | |

ORIGINAL.

AUG 2 2 1935

CONDITIONS OF APPROVAL, IP ANY:

FIECLE WEST

Chevear

Market Million