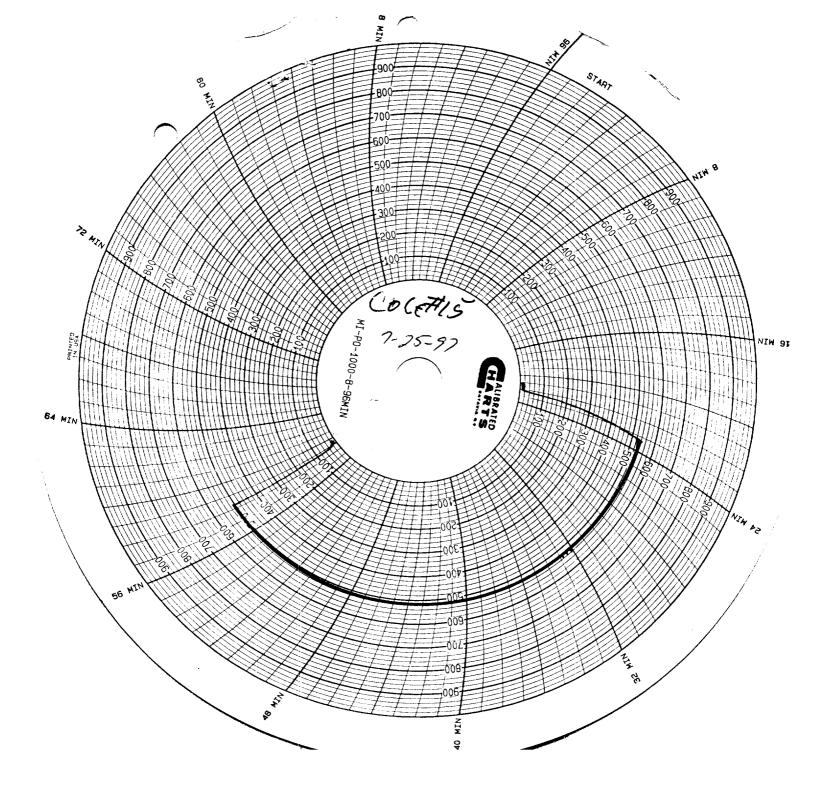
## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

District Office	55.		Kev	nsed 1-1-89
DISTRICT I P.O. Box 1980, Hobbs NM 88241-1980	OIL CONSERVATION	·- · <del>-</del> - ·	WELL API NO.	
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	F.O. Box 2088  Santa Fe. New Mexico 87504-2088		30 - 025 - 247 5. Indicate Type of Lease	63
DISTRICT III			STATE X	FEE 🗌
1000 Rio Brazos Rd., Aztec, NM 87410			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	
1. Type of Well: OIL GAS WELL X WELL	OTHER		R. E. COLE (NCT-A)	
2. Name of Operator			8. Well No.	· · · · · · · · · · · · · · · · · · ·
Chevron U.S.A. Inc. 3. Address of Operator			15 9. Pool name or Wildcat	
P.O. Box 1150, Midland,	TX 79702		BLINEBRY OIL AND GAS (0)	(L)
4. Well Location Unit Letter L: 1980	Feet From The SOUTH	Line and82	5 Feet From The WE	ST Line
Section 16	Township 22S Ra	inge 37E	nmpm LEA	County
	10. Elevation (Show whether	er DF, RKB, RT, GR, etc	.)	
11. Check App	propriate Box to Indicate	Nature of Notice.	Report, or Other Data	
NOTICE OF IN		ł .	SEQUENT REPORT	OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK		
TEMPORARILY ABANDON	CHANGE PLANS		ALTERING CAS	_
PULL OR ALTER CASING	CHANGE PLANS	COMMENCE DRILLING		NDONMENT L
<del></del>	<del>[ ]</del>	CASING TEST AND CE	MENT JOB L	
OTHER:		OTHER: TA'D		X
<ol> <li>Describe Proposed or Completed Opera work) SEE RULE 1103.</li> </ol>	tions (Clearly state all pertinent deta	ails, and give pertinent dat	es, including estimated date of starti	ng any proposed
POH W/TBG. SET CIBP	@ 5376'. PRESS CSG 530#	HELD FOR 30 MIN.		
WELL NOW TA'D.				
WORK PERFORMED 7/23/9	97-7/25/97			
	ا الله الله الله الله الله الله الله ال	innenval of You	ON YEAR AND THE	
	Abandi	anment Expires	8-18-2002	<b>}</b> ⁄.
		·	S CONTRACTOR OF THE PROPERTY O	. *
I hereby certify that the information above is true	and complete to the best of my knowledge	and belief.		· · · · · · · · · · · · · · · · · · ·
SIGNATURE Q.K. Ripl	1/f TITL	E TECHNICAL ASSIST	ANT DATE	8/12/97
TYPE OR PRINT NAME J. K. RIPLEY	<u>V</u>	*	TELEPHONE NO. (9	15)687-7148
(This space for State Use)				A C 4604
ORIGINAL SIGNED BY DESTRICT I SH	CHRIS WILLIAMS		AUG	18 1997
APPROVED BY DIFFICT I SU  CONDITIONS OF APPROVAL, IF ANY:	PERVISOR TITL	E	DATE	<del></del>

IC\$56

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Charles Charles of State of St

6.272.8272.3 (4.00)