	<i>'</i> ,
Submit 3 Copies State Of New Mexico to Appropriate Ene Minerals and Natural Resources Departmen	nt Form C-10:
DISTRICT   DISTRICT   P.O. Box 2088 P.O. Box 1980, Hobbs, NM 88240   Santa Fe, New Mexico 87504-2088	
DISTRICT II 811 South 1st St, Artesia, NM 88210	5. Indicate Type of Cease
DISTRICT III 1000 Rio Brazos Rd, Aztec, NM 87410	6. State Off & Gas Lease No.
SUNDRY NOTICES AND REPORTS ON WELLS	
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG	7 Loggo Namo og Unik Angeres i N
BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"	7. Lease Name or Unit Agreement Name
(FORM C-101) FOR SUCH PROPOSALS.)	
1. Type of Well:	
OIL WELL GAS WELL X OTHER  2. Name of Operator	Chevron 32 State Com
Nearburg Producing Company	8. Well No.
3. Address of Operator	#1  9. Pool name or Wildcat
P.O. Box 823085, Dallas. TX 75382-3085	Undes. Logan Draw, Morrow Gas
Unit Letter A 1,090': Feet From The North Line and	990' Feet From The East Line
Section 32 Townshi 17S Range 27E	MADA Eddy
10. Elevation (Show whether DF, RKB, RT, GR.	_ County
3,495' GR	, 616.)
11. Check Appropriate Box to Indicate Nature of Notice, R	Report, or Other Data
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILL	
DILL OD ALTER CACINO	
CASING TEST & CE	EMENT JOB
OTHER: OTHER: Surfa	ice Casing and Cement
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.	
Drilled to 1,509'. C&C hole. RU and ran 34 jts 8-5/8" 24:	# J55_ST&C casing. Set casing at
1,509°. C&C noie. Cement casing w/810 sx cement plus	additives Circ 135 sy to nit
WOC. Cut-off casing, weld on wellhead and test. NU BC	OPE and test.
$m{V}^{\prime}$	
7 /	
1,100 : hum	
hereby earlies that the information	
hereby certify that the information above is true and complete to the best of my knowledge and belief.	
SIGNATURE Secretary of Drlg and Prod DATE 03/07/97	

SIGNATURE TITLE Secretary of Drlg and Prod

TYPE OR PRINT NAME

Kim Stewart

TELEPHONE

915/686-8235

(This space for State Use GINAL SIGNED BY TIM W. GUN

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY: