Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department



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

OIL CONSERVATION DIVISION P.O. Box 2088 RECEIVED

WELL API NO. 30-015-00180

Santa Fe, New Mexico 87504-2088	50 015 0100
P.O. Drawer DD, Artesia, NM 88210 JUN % 5 1991	5. Indicate Type of Lease STATE FEE FEE
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 O. C. D.	STATE FEE S 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: Off. GAS	$\Lambda \cup V \subset \Lambda$
2. Name of Operator CHEVRON USA INC.	ALOKA SAN ANDRES UNIT
3. Address of Operator	9. Pool name or Wildcat
1.0, BOX 1150 MIDLANO, TX 79702 Attn: Rm. 4115-A	SAN ANDRES
Unit Letter : 330 Feet From The WEST Line and _ 297-	Feet From The WORTH Line
Section Township 8 S Range Z N N 10. Elevation (Show whether DF, RKB, RT, GR, etc.)	IMPM EDDY County
11. Check Appropriate Box to Indicate Nature of Notice Re	
	port, or Other Data SEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING	OPNS. PLUG AND ABANDONMENT
PULL OR ALTER CASING CASING TEST AND CEN	MENT JOB
OTHER: OTHER:	
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. MIRU, POOH W/RODS AND TBG, RIH W/BIT C/O TO PBTD. SPOT 110 GALS, PD-104 FROM 1728-16/4. ACDZ W/3000 GALS. 15% NEFE IHCL ACID. SWAB BACK, PERFS 1614-1728 FRAC W/7500 GALS. 40# X-L GEL AT 1614'-1728. FRAC W/7500 GALS. 40# X-L GEL AT 1614'-1728. POOH, RIH TO CATCH FISH, POOH W/FISH RIH, FRAC; 1614-1728 W/22,000 GALS. 40# X-L GEL AND 94,080 # SAND. POOH, RIH W/RODS + TBG. RETURN TO PRODUCTION.	
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. SKINATURE	
I hereby certify that the information above is true and complete to the best of my knowledge and belief. SKONATURE M.E. AKINS TYPE OR PRINT NAME	
I hereby certify that the information above is true and complete to the best of my knowledge and belief. SKONATURE M F AK ATC	PT: DATE 6-20-91 TELEPHONE NO. 687-7812 JUL 0 2 1991

– TITLE –