Submit 3 Copies
to Appropriate
District Office

(This space for State Use)

APPROVED BY HOLL STANKS
CONDITIONS OF APPROVAL IF ANY:

Submit 3 Copies to Appropriate	State of New Mex Energy, Minerals and Natural R	Form C-103		
District Office		Revised 1-1-89		
<u>DISTRICT I</u> P.O. Box 1980, Hobbs NM 88241-1980	OIL CONSERVATIO		WELL API NO.	
DISTRICT II	Santa Fe, NM 87505		30-015-22366	
P.O. Drawer DD, Artesia, NM 88210		aun o 0 ⊴907	5. Indicate Type of Lease  STATE X  FEE	
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410		JUN 20 1997	6. State Oil & Gas Lease No.	
SUNDRY NOT	ICES AND REPORTS ON WELL		N/I	
(DO NOT USE THIS FORM FOR PRODIFFERENT RESELLATION (FORM C	OPOSALS TO DRILL OR TO DEEPEN OR RVOIR. USE "APPLICATION FOR PERMITTED FOR SUCH PROPOSALS.)	7. Lease Name or Unit Agreement Name		
1. Type of Well: OIL GAS WELL WELL	OTHER		EDDY "GM" STATE COM	
2. Name of Operator Chevron U.S.A. Inc.			8. Well No.	
3. Address of Operator P.O. Box 1150, Midland, TX	79702	e.	9. Pool name or Wildcat WILDCAT STRAWN	
4. Well Location Unit Letter 0 : 660	Feet From The SOUTH	100		
Offit Letter	Feet From The SUUTH	Line and 198	U Feet From The EAST Line	
Section 36	Township 19S Ran	ge 27E j	NMPM EDDY County	
	10. Elevation (Show whether	r DF, RKB, RT, GR, etc.		
11. Check Ap	propriate Box to Indicate N		Report, or Other Data	
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:				
PERFORM REMEDIAL WORK  TEMPORARILY ABANDON  PULL OR ALTER CASING	CHANGE PLANS	REMEDIAL WORK COMMENCE DRILLING		
OTHER:		CASING TEST AND CEN	IENT JOB L	
12 Describe Describe O				
work) SEE RULE 1103.	ations (Clearly state all pertinent detail	ls, and give pertinent date	s, including estimated date of starting any proposed	
W/P&A MUD. SPOTTED 30 S) 6576'-6422'. SPOTTED 35	) SX CMT ON CIBP @ 9450'. T ( CMT 9634'-8434'. CUT 5-1/2 SX CMT 5930'-5800'. SPOTTE	'AGGED PLUG @ 9112 '" CSG @ 6516' & PC 'D 50 SY CMT ACPOSS	@ 9450'. PPD 240 BBLS P&A MUD, '. SPOTTED 15 SX CMT & DISP OH W/CSG. SPOTTED 50 SX CMT S BOTTOM 8-5/8" CSG 3050'-2934'. E PLUG. INSTALLED DRY HOLE MARKER.	
OCD REP MIKE STUBBLEFIELD	ON LOCATION DURING PLUGGIN	G.	0 /70 /	
WELL P&A'D 12/2/93.			Port ID-2 7-11-97 PXA	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.				
SIGNATURE TITLE TECHNICAL ASSISTANT DATE 6/18/97				
TYPE OR PRINT NAME J. K. RIPLEY	0	-	DATE	
			TELEPHONE NO. (915)687-7148	

TITLE FIELD Rep !