Submit 3 Copies to Appropriate District Office

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

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

RECEIVED
SEP 15 '89
O. C. D.
ARTESIA, OFFICE

WELL API NO.
30-015-26169

5. Indicate Type of Lease STATE [X] FEE [ ]

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
Agave IK State

1. Type of Well:
OIL WELL [X] GAS WELL [ ] OTHER

2. Name of Operator
Chevron U.S.A. Inc.

8. Well No. 1

3. Address of Operator
P O Box 670 Hobbs NM 88240

9. Pool name or Wildcat
Parkway Deleware

4. Well Location
Unit Letter C : 330 Feet From The north Line and 2310 Feet From The west Line

Section 2 Township 20S Range 29E NMPM Eddy County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

11. Check Appropriate Box to Indicate Nature of Notice, 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 DRILLING OPNS.	[ ]	PLUG AND ABANDONMENT	[ ]
PULL OR ALTER CASING	[ ]			CASING TEST AND CEMENT JOB	[ ]		
OTHER: Set csg.	[X]			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.

9/3/89 Drlg. & survey to 3670' TD 12 1/4" hole 9/7/89.
9/8/89 RU & Run 81 jts of 8 5/8' 32# K-55 set @ 3670' FC @ 3583'.
Cmt. W/1300sx "C" lead & 300sx of "C" tail. Didn't CIRC. cmt ran temp survey top of cmt @ 950'.
9/9/89 Set 8 5/8" slips, tst BOP's WOC 32 hours.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE M. E. Akins TITLE Staff Drlg. Engr. DATE 9/12/89

TYPE OR PRINT NAME M.E. Akins TELEPHONE NO. 393-4121

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: