

C15F
DP

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

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

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

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

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

JUN 25 1991

WELL API NO.
30-015-00182

5. Indicate Type of Lease
STATE FEE

6. State Oil & Gas Lease No.

O. C. D.

SUNDRY NOTICES AND REPORTS ON WELLS ARTESIA, OFFICE
(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

Atoka SAN ANDRES Unit

1. Type of Well:
OIL WELL GAS WELL OTHER

8. Well No.
124

2. Name of Operator
Chevron USA Inc

9. Pool name or Wildcat
SAN ANDRES

3. Address of Operator
P.O. Box 1150 Midland TX 79702 Attn Rm 4111

4. Well Location
Unit Letter M : 330 Feet From The WEST Line and 660 Feet From The South Line

Section 12 Township 16S 18 Range 26E 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 <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>		CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: <input type="checkbox"/>	

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 spot 55 gals PD-104 & ACD's w/ 3000 gals 15%
NEFE Return to production

I hereby certify that the information above is true and complete to the best of my knowledge and belief.
SIGNATURE E.O. Doherty TITLE T.A. Delg DATE 5/29/91
TYPE OR PRINT NAME E.O. Doherty TELEPHONE NO. 687-7812

(This space for State Use) ORIGINAL SIGNED BY MIKE WILLIAMS SUPERVISOR, DISTRICT II TITLE DATE JUL 09 1991
APPROVED BY CONDITIONS OF APPROVAL, IF ANY: