Submit 3 copies

State of New Mexico als and Natural Resources Departm

Form C-103

District Office		Elle	igy, Millerais and Haturai Ne	sources Department	Re	vised 1-1-89
DISTRICT I		OII.	CONSERVATION	ON DIVISION	WELL API NO.	
P.O. Box 1980, Hobbs, NM 8	8240		P.O. Box 2088		30-025-33148	
DISTRICT II			Santa Fe, New Mexico	87504-2088	5. Indicate Type of Lease	
P.O. Box Drawer DD, Artesia,	NM 88210				STATE 🗸	FEE
DISTRICT III 1000 Rio Brazos Rd., Aztec, N	NM 97410				6. State Oil / Gas Lease No. B-155	
		CES	AND REPORTS ON WELI	S		
(DO NOT USE THIS FOR!	M FOR PROP	POSAL	S TO DRILL OR TO DEEPE!	N OR PLUG BACK TO	7. Lease Name or Unit Agreement Name	
DIFFER			USE "APPLICATION FOR F FOR SUCH PROPOSALS.	PERMI	NEW MEXICO 'O' STATE NCT-1	
1. Type of Well: OIL WELL	GAS WELL		OTHER			
2. Name of Operator	CHEVRON US				8. Well No. 38	
			,		9. Pool Name or Wildcat / Va	LCAUST
3. Address of Operator	15 SMITH RD	, MIDL	AND, TX 79705		NORTH VACUUM ABO WOLFO	CAMP
4. Well Location						
Unit Letter	:	2085	Feet From The <u>SOUT</u>	H Line and 710	Feet From TheEASTLine	
Section 36		Town	ship 17-S R	lange <u>34-E</u> NN	IPM <u>LEA</u> COUN	ITY
	i v na ti	10. E	levation (Show whether DF, RKB,	RT,GR, etc.) 3987' GR		
11.	Check Ap	propr	riate Box to Indicate Nat	ure of Notice, Report	, or Other Data	
NOTICE OF I	NTENTIO	N TC)·	SI	JBSEQUENT REPORT OF:	
	_		AND ABANDON	REMEDIAL WORK	ALTERING CASING	П
PERFORM REMEDIAL WORK	` ⊔		GE PLANS	COMMENCE DRILLING OP		ENT
TEMPORARILY ABANDON		0		CASING TEST AND CEME		
PULL OR ALTER CASING				OTHER:	TA WITH CHART	✓
OTHER:				OTTIEK.		
12. Describe Proposed or Co proposed work) SEE RU		erations	s (Clearly state all pertinent de	etails, and give pertinent d	ates, including estimated date of starti	ing any
3-12-07: PRESSURE TEST	Г CSG TO 50	0 PSI I	FOR 30 MINS. (ORIGINAL C	CHART & COPY OF CHAF	RT ATTACHED).	
CIBP SET @ 9115'						
WELL IS TEMPORARILY A	BANDONED					
					213147	516177s
					1112	0167778763
					(2) A	
		-			\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	50
		Γh	is Approval of Tam		00 172 13 14 15 00 172 13 14 15 00 18 18 18 18 18 18 18 18 18 18 18 18 18	4000
		An	2 TO 1 TAME		110 3952	

9						
hereby certify that the information a			belief.			
SIGNATURE	KISELY	nskerton	TITLE	Regulatory Specialist	DATE	3/20/2007
	•	• •	_		Telephone No.	432-687-7375
TYPE OR PRINT NAME	De	nise Pinkerton				

OC FIELD REPRESENTATIVE II/STAFF MANAGEP

DATE

MAR 2 7 2007

CONDITIONS OF APPROVAL, IF ANY:

DeSoto/Nichols 12-93 ver 1.0



