Submit 3 Copies to Appropriate District Office

CONDITIONS OF APPROVAL, IF ANY:

## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

- Daum Oline		
	ATION DIVISION	WELL API NO.
P.O. B	ox 2088	30-025-00497
P.O. Drawer DD, Artesia, NM 88210	exico 87504-2088	5. Indicate Type of Lease
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410		STATE FEE XX
NO RO BIZZOS RE., AZIEC, NWI 8/410		6. State Oil & Gas Lease No.
SUNDRY NOTICES AND REPORTS OF	N WELLS	
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO D	EEPEN OR PLUG BACK TO A	7. Lease Name or Unit Agreement Name
DIFFERENT RESERVOIR. USE "APPLICATION F (FORM C-101) FOR SUCH PROPOSAL		
1. Type of Well:	<del>-i.</del>	
WELL X WELL OTHER		Maljamar Grayburg Unit
2. Name of Operator Chevron U.S.A. Inc.		8. Well No.
3. Address of Operator		9. Pool name or Wildcat
P.O. Box 670, Hobbs, NM 88240		Maljamar (Grayburg/SA)
4. Well Location		
Unit Letter E: 1980 Feet From The North	Line and	610 Feet From The West Line
Section 10 Township 175	7 007	<b>.</b>
110	Range 32E whether DF, RKB, RT, GR, etc.)	NMPM Lea County
	4128	
11. Check Appropriate Box to Ind	icate Nature of Notice, R	eport, or Other Data
NOTICE OF INTENTION TO:	SUE	SEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON CHANGE PLANS	COMMENCE DRILLING	GOPNS. U PLUG AND ABANDONMENT U
PULL OR ALTER CASING	CASING TEST AND C	EMENT JOB
OTH ER:	OTHER:_TA	
12. Describe Proposed or Completed Operations (Clearly state all pertinent di work) SEE RULE 1103.	etails, and give pertinent dates, inclu	ding estimated date of starting any proposed
,,		
Work performed: 4-5-89		
Name and the second second		
MIRU. POH w/production tbg. Make bit Tst csg to 500psi for 30 min, ok. RIF	and scraper run.	Set WL CIBP at 3805'.
w/inh pkr fl. NDBOP NUWH. Change stat		Circulate Wellbore
_		
•	en e	
		·
I hereby certify that the information above is true and complete to the best of my knowledge of the best of the be	_	
SIONATURE CLIMENES	mueTechnical As	st. DATE 4-7-89
TYPE OR PRINT NAME		TELEPHONE NO.
(This mans for State Use)		4 4000
(This space for State Use)  ORIGINAL SIGNED BY JERRY SEXTOM		APR 1 1 1989
APPROVED BY DISTRICT I SUPERVISOR	TITLE	DATE

APR 10 1389

HOBBS OFFICE

ES# NIW 1

RECEIVED

APR 1 0 1989 CCD HOBBS CFFICE