CONDITIONS OF APPROVAL IF ANY:

## Ciara of Man Mario

Submit 3 Copies	State of New	Mexico	<del>-</del>
to Appropriate District Office	Energy, Minerals and Natural Resources Department		Form C-103 Revised 1-1-39
<u>DISTRICT I</u> P.O. Box 1980, Hobbs, NM 88240	OIL CONSERVAT		WELL API NO.
DISTRICT II P.O. Drawer DD, Ariesia, NM 88210	P.O. Box 2088		30-025-07522
DISTRICT III			5. Indicate Type of Lease  STATE XX FEE
1000 Rio Brazos Rd., Aztec, NM 87410			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.)  1. Type of Well:			7. Lease Name or Unit Agreement Name
ORL CAS WELL CAS WELL CAS WELL CAS WELL CAS WELL CAS WELL CAS	OTHER		W.D. Grimes NCT-A
Chevron U.S.A. Inc.	nc.		8. Weil No.
Address of Operator P.O. Box 670, Hobbs, NM 88240		9. Pool name or Wildcar	
4. Well Location	Well Location		Howers Seven Kivers
Unit LetterC :330	Feet From TheNorth	Line and	Feet From The West Line
Section 32 Township 18S Range 38E NMPM Lea County			
	(////)		
Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data  NOTICE OF INTENTION TO:  SUBSEQUENT REPORT OF			
	· — -	<u> </u>	SEQUENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON XX	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING			
PULL OR ALTER CASING CASING TEST AND CE OTHER:			MENT JOB [_]
		OTHER:	
<ol> <li>Describe Proposed or Completed Operation</li> <li>Work) SEE RULE 1103.</li> </ol>	ons (Clearly state all pertinent details,	and give pertinent dates, includ	ing estimated date of starting any proposed
CIRC @ 2692' SQZ 9 CMT PLUG F 1300 to CIRC CMT TO SURFACE CLEAR AS TO WHETHER CLOSE IN VALVE & SO	5/8" SHOE W/ 50 SXS 1100' W/ 40 SXS. PE E VIA 9 5/8" X 15 1/2 R THIS INTERVAL HAS B	CMT CAP CICR W/ 25 RF 7" & 9 5/8 " @ " ANNULUS WITH 200 EEN CMT'D. IF ABI & LEAVE 7" CSG FUI	PERF 7" CSG @ 2792' SET 6' CMT. SPOT 200' BALANCED 270' SQZ PERFS & ATTEMPT TO 0 SXS. * RECORDS ARE NOT LE TO CIRC CMT TO SURFACE, LL OF CMT. CUT OFF WELLHEAD
I hereby certify that the information above is true a Signature Contact of State of		nd baief.	DATE 11-08-89 TELEPHONE NO.
(This space for State Use)			110
APPROVED BY	Orig. Signed by Paul Kautz		NOV 1 4 1989
CONDITIONS OF AFFROVAL IF ANY:	Geologist	li <b>L</b> E	DATE