## 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 WELL API NO.

Box 2088	30-025-07558
Mexico 87504-2088	30-023-07336

DISTRICT II Santa Fe, New Mexico 87504-2088 P.O. Drawer DD, Artesia, NM 88210		30-025-07558		
		5. Indicate Type of Lease	•	
DISTRICT III			STATE	FEE K
1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil & Gas Lease No.	
				· · · · · · · · · · · · · · · · · · ·
SUNDRY NOTI	CES AND REPORTS ON V	VELLS		
( DO NOT USE THIS FORM FOR PRO			7. Lease Name or Unit Agreement Na	ame
	RVOIR. USE "APPLICATION FOR -101) FOR SUCH PROPOSALS.)	PERMIT		
1. Type of Well:	TOT) FOR SOCH PROPOSALS.)		4	
OIL — GAS —			W D Crimes (NOW D)	
MET MET	OTHER	<del></del>	W. D. Grimes (NCT-B)	
2. Name of Operator			8. Well No.	
Chevron U.S.A., Inc.			6	
3. Address of Operator			9. Fool name or Wildcat	
P. O. Box 1150, Midlan	d, TX 79702		Bowers - AR	
4. Well Location				
Unit Letter $\frac{1}{}$ : $\frac{198}{}$	O Feet From The South	<u>Line and 960</u>	Feet From TheEast	Line
Section 33	Township 18S		NMPM Lea	County
	10. Elevation (Show when	ther DF, RKB, RT, GR, etc.)	<i>\( \( \( \( \( \( \( \) \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ </i>	
	/////\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	*** · · · · · · · · · · · · · · · ·		
11. Check	Appropriate Box to Indica	te Nature of Notice, Ro	epon, or Other Data	
NOTICE OF INT	ENTION TO:	SUB	SEQUENT REPORT OF	:
<del>( )</del>	<u>_</u>	<del>-</del>		_
PERFORM REMEDIAL WORK	PLUG AND ABANDON	_   REMEDIAL WORK	ALTERING CASI	NG
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	OPNS. PLUG AND ABAI	NDONMENT
PULL OR ALTER CASING		CASING TEST AND CEMENT JOB		
OTHER:		OTHER: TA		
12. Describe Proposed or Completed Operation	tions (Clearly state all pertinent detail	s, and give pertinent dates, includ	ding estimated date of starting any propo	sed
work) SEE RULE 1103.				
POH w/rods, pump and tubing. Set CIBP at 3100'. Circulate 5½" casing with				
packer fluid. Test CIBP for 30 min @ 500#, ok.				
1		,		
Work performed 12/2/91	-12/3/91			
1 1	11, 3, 31			
I hereby certify that the information above is true	and complete to the best of my knowledge	and belief.		<del></del>
O. K. Kindon	L	ma ala 'a a		· · · · · · · · · · · · · · · · · · ·
SIGNATURE TO THE SIGNATURE	7	Technical Ass	sistant DATE12/	5/91
TOTAL OR SEPTEMANT	,		TELEPHONE NO.	
TYPE OR PRINT NAME			TELEPHONE NO.	

APPROVED BY-This Approval of Temporary Abandonment Expires CONDITIONS OF APPROVAL, IF ANY: