Submit 3 Copies To Appropriate District	State of New Mexico				Form C-103
Office <u>District I</u>	Energy, Minerals and Natural Resources			WELL API NO.	Revised March 25, 1999
1625 N. French Dr., Hobbs, NM 88240 District II	OH CONGERVIATION DIVISION			30-025-25121	
1301 W. Grand Avenue, Artesia, NM 88210	OIL CONSERVATION DIVISION			5. Indicate Type of Lease	
District III 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr. Santa Fe, NM 87505			STATE .	
<u>District IV</u> 1220 S. St. Francis Dr., Santa Fe, NM 87505				6. State Oil & O B-3936-1	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: Oil Well Gas Well Other SWD				7. Lease Name or Unit Agreement Name: New Mexico AA State NCT-4	
2. Name of Operator Chevron USA. Inc.				8. Well No. 4	
3. Address of Operator 15 Smith Rd. Midland, Tx 79705				9. Pool name or Wildcat Vacuum ABO Reef	
4. Well Location					
Unit Letter A 9	19 feet from the	north	line and 40)1feet fro	m the east line
Section 10	Township 1		nge 34-E	NMPM	_{County} Lea
	10. Elevation (Show	wwhether D	R, RKB, RT, GR, e	etc.)	
11. Check Ar	propriate Box to In	ndicate Na	ature of Notice,	Report or Other	Data
	ENTION TO:		SUE REMEDIAL WO	BSEQUENT <u>RE</u>	PORT OF: ALTERING CASING
	CHANGE PLANS				
PULL OR ALTER CASING	MULTIPLE COMPLETION		CASING TEST A		
OTHER:			OTHER:		
12. Describe proposed or comple of starting any proposed work). or recompilation.	ted operations. (Clea SEE RULE 1103. Fo	rly state all or Multiple (pertinent details, a Completions: Atta	and give pertinent dat the wellbore diagram	tes, including estimated date of proposed completion
 Tag 5 1/2 CIBP @ 4995 Displace hole w/MLF 9.5 Spot 25sx plug fr/4100-3 Spot 25sx plug fr/3000-2 Spot 25sx plug fr/1875-1 Circ cmt fr/300-surf(surf) Install dry hole marker 	# Brine w/25# Gel P 900(Queen) 800(B-salt)Tag @ 2 675(8 5/8 shoe, T-sa Tag @ surf	9/BBL. 774		@ 4758	ED Luites
	Liability	under bor	ugging of the Wa ad is retained ur is completed.		ζfζα ²
I hereby certify that the information	above is true and com	plete to the	best of my knowl	edge and belief.	
SIGNATURE			MANAGER	1	DATE /- 9-03
Type or print name Jimmy	BABLEY		· · · · · · · · · · · · · · · · · · ·	Tele	ephone No.915 520-8756
(This space for State use)		, , · h			DATE JAN 22 200
APPPROVED BY	Haryw.	WIII H2			DATE JAN 22 ZUU
Conditions of approval, if any:	GARY WWWN	k Esentativ	VE H/STAFF MAR	NAC A	