Submit 3 Copies

APPROVED BY_

CONDITIONS OF APPROVAL, IF ANY:

State of New Mexico

Form C-103

to Appropriate	Energy, Minerals and Natural R	desources Department		Revised 1-1-89
District Office	OIL CONSERVATION	N DIVISION		
DISTRICT I P.O. Box 1980, Hobbs NM 88241-198	2040 Pacheco St.		WELL API NO. 30-025-34561	
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	Santa Fe, NM	8/303	5. Indicate Type of Le	STATE X FEE
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 874	10		6. State Oil & Gas Lea	ase No.
SLINDRY NO	OTICES AND REPORTS ON WEL	LS		
(DO NOT USE THIS FORM FOR I	PROPOSALS TO DRILL OR TO DEEPEN SERVOIR. USE "APPLICATION FOR PER IC-101) FOR SUCH PROPOSALS.)	OR PLUG BACK TO A	7. Lease Name or Un	it Agreement Name
1. Type of Well: OIL GAS WELL X WELL			MONUMENT 36 STA	ATE
2. Name of Operator			8. Well No.	
Chevron U.S.A. Inc.			9. Pool name or Wild	ant
3. Address of Operator P.O. Box 1150, Midland.	TX 79702		GOODWIN; ABO	Cat
4. Well Location Unit Letter I: 1	632 Feet From The SOUTH	Line and12	Peet From T	he EAST Line
Section 36	Township 18S R	kange 36E	NMPM	LEA County
Section 30	Township 103 R	her DF, RKB, RT, GR, et		
	<u>/////////////////////////////////////</u>	3742'	7 (04)	na Data
	Appropriate Box to Indicate INTENTION TO:	Nature of Notice	BSEQUENT R	EPORT OF:
DESCRIPTION WORK	PLUG AND ABANDON	REMEDIAL WORK	☐ AL	TERING CASING
PERFORM REMEDIAL WORK TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLIN	G OPNS. X PL	UG AND ABANDONMENT
		CASING TEST AND C	EMENT JOB	
PULL OR ALTER CASING L.	- 	OTHER:		
OTHER:				
12. Describe Proposed or Completed work) SEE RULE 1103.	1 Operations (Clearly state all pertinent de	etails, and give pertinent d	lates, including estimate	d date of starting any proposed
SPUDDED 11" HOLE 4/7/ TO SURF. DRILLED TO WOC 112 HRS. TOC @ 6	/99. DRILLED TO 1515', SET 8 7509', SET 5-1/2" CSG @ 7251 820'.	-5/8" CSG. CMTD W '. CMTD W/1050 SX	//465 SX CL "C"; (CL "C" & 420 SX	CIRC CL "H".
I hereby certify that the information abo	ove is true and complete to the best of my knowle	edge and belief.	_	
$\sim K R \mu$	ally	TITLE REGULATORY O.	Α	DATE8/23/99
SIGNATURE				ELEPHONE NO. (915)687-7148
TYPE OR PRINT NAME J. K. RIF	PLEY WILLIAMS			
(This space for State Use)	SIN			