			Form C-103
NO. OF COPIES RECEIVED			Supersedes Old
DISTRIBUTION	NEW MEXICO OIL CONSERVATION COMMISSION		C-102 and C-103
SANTA FE	HEW MEXICO DIL CONSE	ERVATION COMMISSION	Effective 1-1-65
FILE			5a. Indicate Type of Lease
U.S.G.S.			State X Fee
LAND OFFICE			5, State Oil & Gas Lease No.
OPERATOR			1
			B-1839
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.			7. Unit Agreement Name
OIL GAS WELL X	OTHER-		Mr out
2. Name of Operator			8. Farm or Lease Name
Chevron Oil Company			State 5-27
3. Address of Cperator			9. Well No.
P. O. Box 1660, Midland, Texas 79701			7
4. Location of Well			10. Field and Pool, or Wildcat
UNIT LETTER C 990 FEET FROM THE LINE AND 2173 FEET FROM			Vacuum (Clanicta)
UNIT LETTER	990FEET FROM THENorth	LINE ANDFEET FROM	**************************************
THE West LINE, SE	CTION 27 TOWNSHIP 17-S	RANGE 35-31 NMPN	
			12. County
	15, Elevation (Show whether	Dr, KI, GR, etc.)	12. County
	/////// KB 3938	3	Lea
16. Chec	ck Appropriate Box To Indicate N	lature of Notice, Report or O	ther Data
	= INTENTION TO:		T REPORT OF:
NOTICE OF	in Entroit . o.		
	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
PERFORM REMEDIAL WORK	PEUG AND ABANDON		PLUG AND ABANDONMENT
TEMPORARILY ABANDON		COMMENCE DRILLING OPNS.	Peca And Abandonii En T
PULL OR ALTER CASING	CHANGE PLANS	CASING TEST AND CEMENT JOB	
		OTHER	
OTHER Fill cellar Wi	tn sand.		
	d Operations (Clearly state all pertinent det	ails and give pertinent dates, including	is estimated date of starting any proposed
work) SEE RULE 1103.	a Operations (excurs) state are personnelle	,	
·			
All connections	piped to surface and coate	ed, 2" high pressure.	
ALL COME COLOM	740	,	
18. I hereby certify that the inform	ation above is true and complete to the best	of my knowledge and belief.	
18. I hereby certify that the inform	ation above is true and complete to the best	of my knowledge and belief.	
18. I hereby certify that the inform			DATE <b>June 15, 197</b> 6
18. I hereby certify that the inform		of my knowledge and belief.  Area Supervisor	
SIGNED W. A. GONDAN			
18. I hereby certify that the information was a second with the second was a second with the second was a second with the second was a	May TITLE_		DATE <b>June 15, 197</b> 6