Submit 3 Copies to Appropriate District Office

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Form C-103
Revised 1-1-89

WELL API NO.
30-025-30582

5. Indicate Type of Lease STATE [XX] FEE [ ]

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.)

7. Lease Name or Unit Agreement Name
J. R. Holt

1. Type of Well: OIL WELL [X] GAS WELL [ ] OTHER

2. Name of Operator
Chevron U.S.A. Inc.

8. Well No.
2

3. Address of Operator
P.O. Box 670, Hobbs, NM

9. Pool name or Wildcat
Shipp Strawn

4. Well Location
Unit Letter C : 2210 Feet From The West Line and 940 Feet From The North Line

Section 2 Township 17S Range 37E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3760.2GR

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK	[ ]	PLUG AND ABANDON	[ ]	REMEDIAL WORK	[ ]	ALTERING CASING	[ ]
TEMPORARILY ABANDON	[ ]	CHANGE PLANS	[ ]	COMMENCE DRILLING OPNS.	[X]	PLUG AND ABANDONMENT	[ ]
PULL OR ALTER CASING	[ ]			CASING TEST AND CEMENT JOB	[ ]		
OTHER:	[ ]			OTHER:			[ ]

12. Describe Proposed or Completed Operations (*Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work*) SEE RULE 1103.

Spud 17 1/2" hole at 8:00am 3/29/89. TD 17 1/2" hole @ 1PM 3-29-89. Ran 10 jts 11 3/4", 42#, H-40 csg set at 450'. FC at 405'. Cmt w/650sx Cl C. Bump plug at 5:53pm. Circ 85sx cmt. WOC - 24 1/2 hours. Cut off,weld on head.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE L. K. Elsner TITLE Tech. Asst. DATE 5-9-89

TYPE OR PRINT NAME TELEPHONE NO.

(This space for State Use) ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY TITLE DATE MAY 11 1989

CONDITIONS OF APPROVAL, IF ANY: