Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103

Revised 1-1-89

DISTRICTI P.O. Box 1980, Hobbs, NM 88240 OIL CO	NSERVATIO		WELL API NO.
DISTRICT II Santa	P.O. Box 2088		30-025-31005
P.O. Drawer DD, Artesia, NM 88210		5. Indicate Type of Lease STATE FEE	
DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410			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
1. Type of Well: OIL CAS OTHER		LEA YL State	
2. Name of Operator CHEURON USA INC.		8. Well No.	
3. Address of Operator			9. Pool name or Wildcat
P.O. BOX 1/30 Midland TX 79707 Attn: ED DOHERTY		Shipp / STRAWN	
			Feet From The EAST Line
Section 2 Township	175 Ra	nge 37 E DF, RKB, RT, GR, etc.)	NMPM LEA County
X/////////////////////////////////////	_	DF, RKB, RT, GR, etc.) 57.9	<i>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i>
11. Check Appropriate			eport, or Other Data
		SEQUENT REPORT OF:	
PERFORM REMEDIAL WORK PLUG AN	D ABANDON	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON . CHANGE	PLANS	COMMENCE DRILLING	GOPNS. PLUG AND ABANDONMENT
PULL OR ALTER CASING CASING TEST		CASING TEST AND CE	EMENT JOB
OTHER:		OTHER: Comple	tion Summary X
12. Describe Proposed or Completed Operations (Clearly state	e all pertinent details, an	d give pertinent dates, inclu	ding estimated date of starting any proposed
work) SEE RULE 1103.			
miru taggEO @ 11734 ts			· ·
lu to 11800 pickless that	w/20%	HCL . Log f.	/11,786-10,000 RUN CBL-GR
CCL. PERF W/4" 2 JHPF	HSC SELEC	+ fire qui	s total of 40 hotes.
PU SWAD & SWAD WELL,	iv. turn	OVER to 1	production.
Work Starter 12/8/90		,	
ENDED 12/12/90			
ENDED TOTTETTE			
I hereby certify that the information above is true and complete to the			
SIGNATURE C. O. Woharty	т	LE T.A. DRIG	7. DATE 12/13/90
TYPEOR PRINT NAME E.O. DO HER	ery		95-687-7817 TELEPHONE NO.
(This space for State Use)			
APPROVED BY	тп	ıe	DATE
CONDITIONS OF APPROVAL, IF ANY:			