Submit 3 Copies

CONDITIONS OF APPROVAL, IF ANY:

State of New Mexico

Form C-103

to Appropriate Energy, Minerals			inerals and Na	atural Resources Depar	Revisied 1-1-89				
District Office	OIL CONSERVATION DIVISION								
			P.O. B	x 2088					
DISTRICT I		Sa	inta Fe, Ne	w Mexico 87504-2	2088				
	, Hobbe, NM 88240								
DISTRICT II						1 -	ed by OCD on New Well	(e)	
DISTRICT III	d, Artesia, NM 88210					30-025-25			
1000 Rio Brazoe Rd., Aztec, Nm 87410						5. Indicate Type of Lease STATE FEE X			
						6. State Oil &	Gas Lease No.		
						N/A			
	SUNDRY NOTICES AND REPORTS ON WELLS								
	(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A						7. Lease Name or Unit Agreement Name NORTH MONUMENT ABOLISH		
	DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)						ONOMEN I ABO	LIMIT	
1. Type of W	ell:	() OTHE 0-1017 1011 30	CITTOTOSAL			-			
OIL	-	GAS							
WELL	[X]	WELL OTH	ER						
2. Name of Op	-	C A INC				8. Well No.	_		
CHEVRON U.S.A. INC.						9. Pool name o	1		
		ID, TX 79702 ATTN:	NITA RICE			1	ONUMENT ABO	POOL	
4. Well Location						'		. 002	
Unit Letter	14	G : 165	O Feet From The	NORTH	Line and		O Feet From The	EAST Line	
Section	14		Township 10. Elevation	195 (Show whether DF, RKB, RT, C	Range SR. etc.)	36E	NMPM LE	A County	
				3741'	,,				
11	mannann namma	Check Appropriate Box	to Indecate Nat	ure of Natice, Report, or (Other Data				
	NOTICE OF IN	NTENTION TO:				PORT OF:			
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK							ALTER CASING		
TEMPORARILY	ABANDON	CHANGE PLANS		COMMENCE DRILLING OPNS	· [PLUG AND ABAN.		
PULL OR ALTER	R CASING			CASING TEST AND CMT JO	В			_	
OTHER:	ADD PAY & A	ACID FRAC	X	OTHER:					
		d Operations(Clearly state all perti posed work) SEE RULE 1103.	nent details, and g	ive pertinent dates, including					
	WE PROPOSE TO: MIRU ND WH, NU BOP. POH W/TBG. SET CIBP @7400' DUMP 20' CMT ON TOP.								
	PERF 7214'-7272'. ACID FRAC W/12,000 GALS OF GELLED 15% HCL. PERF F/7052'-7124'.								
	ACID FRAC W/20,000 GALS OF GELLED 15% HCL. PERF F/6946'-6982'. ACID FRAC W/10,000 GALS								
GELLED 15% HCL. RIH W/TBG. ND BOP, NU WH. TURN WELL OVER TO PRODUCTION.									
I hereby certify t	that the information el	boy if the and complete to the i	seet of my knowled	ige and belief.		· ·			
SIGNITURE	JULIN	WHOSON	TITLE	TECH. ASSISTANT	·	DATE:		8/1/94	
TV05 00 000:	3000	AVENDI VINICOTONI					/04F\0007 = ::		
TYPE OR PRINT	NAME	WENDI KINGSTON		Yeers of track	SEXTUN	TELEPHONE NO.	(915)687-743	30	
			ORIGINA	STRICT I SUPERVISO	K		4110 00 404	.	
APPROVED BY			TITLE DI	2 (10)		DATE	AUG 03 199	14	