ONSER DEPARTMENT RE BUREAU OF DO NOT USE THIS FORM FOR PRICATION FO SUBMIT Type of Well Gas Well Other INJECTOR 2. Name of Operator Cheuron USA Inc. 3. Address and Telephone No. 4. Address and Telephone No.	AND REPORTS ON WELLS ill or to deepen or reentry to a different reservoir. R PERMIT—" for such proposals IN TRIPLICATE 79702 AHN: EN NOHERTY Rm 4111	FORM APPROVED Budget Bureau No. 1004-0135 Expires: March 31, 1993 5. Lease Designation and Serial No. NM 62.66 6. If Indian, Allottee or Tribe Name 7. If Unit or CA, Agreement Designation 8. Well Name and No. Edwice 92 Novument South Unit-1 9. API Well No. 30-025-31/19 10. Field and Pool, or Exploratory Area
	(s) TO INDICATE NATURE OF NOTICE, REPO	ELWIFE MOVEMENT / G 11. County or Parish, State LEA NM RT, OR OTHER DATA
Cheuron USA Inc. REQUE	Abandonment Recompletion Plugging Back Casing Repair Altering Casing Other Other	oil well to an
14. I hereby certify that the foregoing is true and correct Signed S. O. Cherry	Title T.A. Delq.	Date 3 5 9
(This space for Federal or State office use) Approved by Conditions of approval, if any:	Title	Date 3 36 91