Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

District Office				Revided 1-1-09
DISTRICT I	OIL CONSERVATION		Wint Anna	
P.O. Box 1980, Hobbs NM 88241-1980 DISTRICT II	2040 Pacheco St.		WELL API NO. 30-025-34243	
P.O. Drawer DD, Artesia, NM 88210	Santa Fe, NM 87505		5. Indicate Type of Lease	
DISTRICT III			STAT	
1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil & Gas Lease No.	
SUNDRY NOTICES AND REPORTS ON WELLS				
DIFFERENT RESER	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 Agree	ment Name
1. Type of Well: OIL GAS WELL WELL X	OTHER		MONUMENT 13 STATE	
2. Name of Operator Chevron U.S.A. Inc.			8. Well No. 17	
3. Address of Operator P.O. Box 1150, Midland, TX	79702		9. Pool name or Wildcat WILDCAT; DRINKARD	
4. Well Location Unit Letter F : 1912	Feet From The NORTH	Line and 173	32 Feet From The	WEST Line
Section 13	Township 19S Ra	nge 36E	NMPM LEA	_
	10. Elevation (Show whether	er DF, RKB, RT, GR, etc		County
11. Check Ann	monriete Deute Indiante	3722'	<u> </u>	
NOTICE OF IN	propriate Box to Indicate	í		
No noe or in	TENTION TO.	306	SEQUENT REPO	RI OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING	CASING [
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	OPNS. PLUG AND	ABANDONMENT [
PULL OR ALTER CASING		CASING TEST AND CE	MENT JOB	
OTHER:		OTHER: PLUGGED BA		
 Describe Proposed or Completed Opera work) SEE RULE 1103. 	itions (Clearly state all pertinent deta	ils, and give pertinent date	es, including estimated date of s	starting any proposed
ISOLATED CSG LEAK 4232'-4 IN CSG, SQZD 192 SX CMT B	SACK PLUG 7406'-7501'. SE 295'. SQZD CSG LEAK W/200 EHIND 5-1/2" CSG. DRLD OU RFD 6696'-6770'W/2 JHPF. : ON IN DRINKARD.	SX CL "C", PRESS T STRINGERS 4063'-	TBG TO 500#. LEFT 92 4290'. CIRC CLEAN.	' CMT
WORK PERFORMED 6/18/99 -	6/30/99			
I hereby certify that the information above is true	and complete to the best of my knowledge	and belief.		
SIGNATURE J.K. Riplly	f TITLE	REGULATORY O.A.	DATE	8/4/99
TYPE OR PRINT NAME J. K. RIPLEY	<u> </u>		TELEPHONE NO	. (915)687-7148
(This space for State Use) ORIGI	INAL SIGNED BY		0/	Tr 0 *
	GARY WINK HELD REP. II TITLE		DATE	OT 05 1999
CONDITIONS OF APPROVAL, IF ANY:			DALE	