Submit 3 Copies to Appropriate

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revisied 1-1-89

District Office	OIL CONSER	RVATION DIVISION		
	P.O	. Box 2088		
DISTRICT I	Santa Fe,	New Mexico 87504-2088		
P.O. Box 1980, Hobbs, NM 88				
<u>DISTRICT II</u>			API NO. (as	signed by OCD on New Wells)
P.O. Drawer Dd, Artesia, NM 88210			30-025	-06142
DISTRICT III			5. Indicate	Type of Lease
1000 Rio Brazos Rd., Aztec, Nm 87410				STATE X FEE
			8 51010	Dil & Gas Lease No.
			N/A	JII di Gas Lease No.
SUNDRY NOTICES AND REPORTS ON WELLS				
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BAC				
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"				lame or Unit Agreement Name ORE ANDERSON
	(FORM C-101) FOR SUCH PRO			
1. Type of Well:			┪	1
OIL	GAS			
WELL X	WELL OTHER			
2. Name of Operator			8. Well No	
CHEVRON U.S.A. INC.				6
3. Address of Operator			9. Pool name or Wildcat	
P.O. BOX 1150 MIDLAND, TX 79702 ATTN: NITA RICE			EUNICE MONUMENT	
4. Well Location Unit Letter	A : 660 Feet From	TI NORTU		60 7.07
Section 17	Township	200	37E	60 Feet From The EAST Line
		ZUS Range Ition(Show whether DF, RKB, RT, GR, etc		NMPM LEA County
		3542' GL		
11	Check Appropriate Box to Indec	ite Nature of Notice, Report, or Ot	nos Dete	
NOTICE OF	INTENTION TO:	SUBSEQUENT)E.
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	יייי ליייי ר	ALTER CASING /
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING OPNS.		, /
PULL OR ALTER CASING	H	i		PLUG AND ABAN.
OTHER:		CASING TEST AND CMT JOB	_ا	_
		OTHER:		
12. Describe Proposed or Com	policinal Operational Classics and all and a second			
12. Describe Proposed or Completed Operations(Clearly state all pertinent details, and give pertinent dates, including esticated date of starting any proposed work) SEE RULE 1103.				
WORK STA	ARTED 4/27/94.			
SPOT 30 SX @2450'-2147'.				
SPOT 30 SX @1189'-856'.				
PERF @325', SQZ 109 SX TO SURF - LEAVE CSG FULL.				
INSTALL DRY HOLE MARKER				
CIRC W/10# MUD				
P&A'D WELL ON 4/28/94.				
I hereby certify that the informat	ion share i the sect of complete to the best of	_		
SIGNITURE	TITLE	TECH. ASSISTANT	DATE:	05/11/94
TVDE OD DOUGE)			
TYPE OR PRINT NAME	WENDI KINGSTON		TELEPHONE I	NO. (915)687-7436
\ \/	2 10 11 11			NOV OO 4000
APPROVED BY CAME	M LLIN TITE S	it is get this past of	DATE	NOV 02 1998
CONDITIONS OF APPROVAL,	ANY:	SE DE LOS O CICOS DE LA CO	DATE	

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OFFICE