Submit 3 Copies To Appropriate District	State of Nev				<b>.</b> .	FOIII C	
Office District I	Energy, Minerals and	Natural Resource				sed March 25,	1999
1625 N. French Dr., Hobbs, NM 87240			W:	ELL API NO			
District II	OIL CONSERVATION DIVISION			30-025-06322			
811 South First, Artesia, NM 87210 District III	2040 South Pacheco			5. Indicate Type of Lease			
1000 Rio Brazos Rd., Aztec, NM 87410	Santa Fe, NM 87505			STATE X FEE			
District IV 2040 South Pacheco, Santa Fe, NM 87505			6.	State Oil &	Gas Lease N	ο.	
SUNDRY NOTIO (DO NOT USE THIS FORM FOR PROPO DIFFERENT RESERVOIR. USE "APPLIC PROPOSALS.)		PEN OR PLUG BAC	KTOA	Lease Name	e or Unit Agr	eement Name	в:
1. Type of Well: Oil Well Gas Well	Other INJECTION		EU	NICE MONUN	ENT SOUTH T	NIT	
2. Name of Operator			8.	Well No.			
Chevron U.S.A. Inc.				176			
3. Address of Operator			9.	Pool name	or Wildcat		
P.O. Box 1150 Midland, TX 7	9702		EU	NICE MONUM	ENT; GRAYBU	KG-SAN ANDR	œs
4. Well Location							
Unit Letter:	660 feet from the	SOUTH line	and 19	<b>80</b> fee	t from the	EAST	line
Section 32	Township 20s	s Range	37E N	IMPM	Count	y <b>LEA</b>	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	10. Elevation (Show who		T, GR, etc.)				
11 Charles	L. Day to Ind	3541'	Motion Do	most or O	han Data	The British Service	
	Appropriate Box to Indi	icate Nature of		-		<b>~</b> =	
NOTICE OF INTI				QUENT I	REPORT (		
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL	WORK		x ALTER	RING CASING	G L
TEMPORARILY ABANDON	CHANGE PLANS	COMMENC	E DRILLING	OPNS.	PLUG	AND DONMENT	
PULL OR ALTER CASING	MULTIPLE COMPLETION	CASING TE				<b>-</b> • · · · · · ·	
OTHER:		OTHER:					Е
12. Describe Proposed or Complete	d Operations (Clearly state	all portinent date	ile and give	nortinant dat	es including	estimated dat	to.
of starting any proposed work). or recompilation.	-	<del>-</del>		-	-		
	OLE IN THE 79 JTS F/SU ETURNED WELL TO INJECT		TBG. RIH V	n/TBG & PKI	R;		
3/9/01							
	·						
I hereby certify that the information above	is true and complete to the be	est of my knowledge	e and belief.				
SIGNATURE J.K. Riple	<u>y</u>	TITLE REGULATO	ORY O.A.		DATE_	4/23/01	
Type or print name J. K. RIPLEY	V			Tel	ephone No.	(915)687-7	148
(This space for State use)	· · · · · · · · · · · · · · · · · · ·						
ADDROVED DV		TITLE	4		DATE		
APPROVED BY Conditions of approval, if any:		11115 <u>F.</u>		·	DATE		