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		_		Reviseu .	1-1-09
DISTRICT I	OIL CONSERVATION	ON DIVISION	<u> </u>		
P.O. Box 1980, Hobbs NM 88241-1980 DISTRICT II	2040 Pacheco St. Santa Fe, NM 87505		WELL API NO.	025-06851	
P.O. Drawer DD, Artesia, NM 88210			5. Indicate Type	of Lease	FEE X
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil & G	STATE L	FEE LAJ
	CES AND DEDODES ON WEL		· · · · · · · · · · · · · · · · · · ·		
SUNDRY NOTICES AND REPORTS ON WELLS (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 o	or Unit Agreement Name	•
1. Type of Well: OIL GAS WELL X	OTHER		EUNICE KING		
2. Name of Operator Chevron U.S.A. Inc.			8. Well No. 14		
Address of Operator O. Box 1150, Midland, TX 79702			9. Pool name or Wildcat TUBB OIL & GAS (PRO GAS)		
4. Well Location Unit Letter G: 1874		Line and208	26		
			S6 Feet Fro	m The EAST	Line
Section 28	Township 21S Ra 10. Elevation (Show whether	nge 37E er DF, RKB, RT, GR, etc	NMPM :.)	LEA	County
11. Check An	oropriate Roy to Indicate	Nature of Notice	Donout on	7/////////////////////////////////////	
Check Appropriate Box to Indicate Nature of Notice, Report, NOTICE OF INTENTION TO: SUBSEQUE				Diner Data REPORT OF	: •
PERFORM REMEDIAL WORK	PLUC AND ABANDON				
TEMPORARILY ABANDON	PLUG AND ABANDON L	REMEDIAL WORK		ALTERING CASING	
PULL OR ALTER CASING	CHANGE PLANS L	COMMENCE DRILLING		PLUG AND ABANDO	NMENT L
	Г	CASING TEST AND CE			
OTHER:		OTHER: PB TO TUBE	3 GAS		X
 Describe Proposed or Completed Oper work) SEE RULE 1103. 	ations (Clearly state all pertinent deta	ils, and give pertinent dat	es, including estim	ated date of starting ar	y proposed
WOC 20 HRS. DRLD CMT 559 CIRC HOLE CLEAN. LOGGED. ACZD W/6000 GALS 15% HCL		D CMT TO 5949'. F 0#-OK. PERFD 5970 500 GALS FOAM & 22	21.000# SAND.	22'. JHPF	
WORK PERFORMED 5/6/99 - 5	5/21/99				
I hereby certify that the information above is tru	e and complete to the best of my knowledge	and belief.			
SIGNATURE JIK. MA	TITLE	REGULATORY O.A.		DATE8/17	7/99
TYPE OR PRINT NAME J. K. RIPLEY				TELEPHONE NO. (915)	<u>687-7148</u>
(This space for State Use)	W DESCHOUS WILLIAMS				
APPROVED BY	HC LISUPERVISOR	n.		e e	
CONDITIONS OF APPROVAL, IF ANY:	TITLI	E		DATE	

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