Submit 3 Copies To Appropriate District	Submit 3 Copies To Appropriate District State of New Mexico						Form C-103				
Office	ffice Energy, Minerals and Natural Resources						Revise	d March 25, 19	999		
District I	bistrict 1 625 N. French Dr., Hobbs, NM 87240					WELL API NO.					
District II	OIL CONSERVATION DIVISION					30-025-06854					
811 South First, Artesia, NM 87210	2040 South Pacheco				5. Indicate Type of Lease						
District III 2040 South Pacheco 1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, NM 87505					STATE FEE X						
District IV					6. State Oil & Gas Lease No.				┥		
2040 South Pacheco, Santa Fe, NM 87505					o. State of	i cc Gas i					
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 or Unit Agreement Name:						
1. Type of Well: Oil Well X Gas Well Other					EUNICE KING						
2. Name of Operator					8. Well No.						
Chevron U.S.A. Inc.					17						
3. Address of Operator					9. Pool name or Wildcat						
P.O. Box 1150 Midland, TX 79702						PADDOCK					
4. Well Location											
Unit Letter C :	feet from the	NOF	eth	line and	2310	feet from	the	WEST lin	ne		
Section 28	Township 2	15	Range	37E	NMPM		County	LEA			
	10. Elevation (Show w			R, RT, GR, et	tc.)						
11. Check A	Appropriate Box to Inc	dicate	Nature	of Notice,	, Report, or	Other 1	Data				
** *					SEQUEN	T REP	ORT O	F:			
PERFORM REMEDIAL WORK	FORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK							NG CASING			
TEMPORARILY ABANDON	CHANGE PLANS		СОММ	ENCE DRILL	ING OPNS.		PLUG A	ND ONMENT			
PULL OR ALTER CASING	MULTIPLE COMPLETION		CASING	TEST AND)						
OTHER:			OTHER	: ADDED PE	RFS, ACZD				_ x		
12. Describe Proposed or Complete											
of starting any proposed work). or recompilation.	SEE RULE 1103. For M	Iultiple	Complet	ions: Attach	h wellbore dia	agram of	proposed	completion			
POH W/PROD EQPT. CO TO 5 5228'-5330' W/2600 GALS 1 & 75 RCNB'S. ACZD 5046'- TO 5383'. RETURNED WELL WORK PERFORMED 4/6/01 - 4	.5% & 80 RCNB'S. SWAR 5124' W/3000 GALS 15% TO PRODUCTION.	BED.	ACZD 5		W/2500 GAI						
WORK PERFORMED 4/0/01	724701										
I hereby certify that the information above	e is true and complete to the	best of	my knowl	edge and belie	ef.				_		
OVOIL	,		J	Ü							
SIGNATURE G.K. RYPLL	J	_ TITI	<u>e regu</u>	ATORY O.A	•	D	ATE	4/27/01	_		
Type or print name J. K. RIPLEY	V					Telepho	ne No.	915)687-714	.8		
(This space for State use)						 		- my , yy ,	<u>-</u>		
(This space for State use)	·			ة بيس			i .				
APPROVED BY Conditions of approval, if any:		TIT	LE C		·	DA	ATE				