Submit 3 Copies to Appropriate

CONDITIONS OF APPROVAL, IF ANY:

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revisied 1-1-89

District Office OIL CONSERVATION DIVISION	
P.O. Box 2088	
<u>DISTRICT I</u> Santa Fe, New Mexico 87504-208 P.O. Box 1980, Hobbe, NM 88240	8
DISTRICT II	API NO. (assigned by OCD on New Wels)
P.O. Drawer Dd, Artesia, NM 88210	30-025-06864
DISTRICT III 1000 Rio Brazos Rd., Aztec, Nm 87410	Indicate Typu of Lease STATE FEE X
	6. State Oil & Gas Lease No.
SUNDRY NOTICES AND REPORTS ON WELLS	N/A
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG B	ACK 7. Lesse Name or Unit Agreement Name
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"	CON 7. Lesse Name is One Agreement Name
(FORM C-101) FOR SUCH PROPOSALS.)	EUNICE KING
1. Type of Weil: OIL GAS	
WELL OTHER WATER DISPOSAL	
2. Name of Operator	8. Weil No.
CHEVRON U.S.A. INC. 3. Address of Operator	24
P.O. BOX 1150 MIDLAND, TX 79702 ATTN: NITA RICE	9. Pool name or Wildcat PENROSE SKELLY SAN ANDRES
Unit Letter E : 2086 Feet From The NORTH Line a	and /4 -766 Feet From The WEST Line
Section 28 Township 21S Range	
10. Elevation(Show whether DF, RKB, RT, GR, 3470' GL	etc.)
11 Check Appropriate Box to Indecate Nature of Notice, Report, or	Other Data
	T REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK	ALTER CASING
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS.	PLUG AND ABAN.
PULL OR ALTER CASING CASING TEST AND CMT JOB	
OTHER: PLUG BACK & CONVERT X OTHER:	
TO WATER DISPOSAL	
 Describe Proposed or Completed Operations(Clearly state all pertinent details, and give pertinent dates, includesticated date of starting any proposed work) SEE RULE 1103. 	ing
WE PROPOSE TO:	
MIRU PU, NU BOP. P&A BLINEBRY PERFS 5501-5672 W/CIBP 2	5490 WITH A 2 SY CEMENT CAR
P&A PADDOCK PERFS 5090-5248 WITH A CIBP @ 5070' & CAP	
TST CSG F/SURFACE TO 5000'. PERF 4150-4500 W/4 JHPF. AC	
RUN 2-3/8 POLY LINED TBG & PACKER. SET PKR @ 4000'. HOO	
1000 1 000 1 000 1 000 1 100 0 1 1 1 1	IN OF & BEGIN INSECTION.
I hereby certify that the information above searce and complete to the best of my knowledge and belief.	
SIGNITURE TITLE TECHNICAL ASSISTANT	DATE: 2/2/94
TYPE OR PRINT NAME NITA RICE	TELEPHONE NO. (915)687-7436
ORIGINAL SIGNED BY JERRY SEXTON	8.1
APPROVED BY DISTRICT I SUPERVISOR TITLE	DATE