Submit 3 Copies to Appropriate District Office

## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-80

District Office		•		Kevised 1	-1-89
DISTRICT I P.O. Box 1980, Hobbs NM 88241-1980	OIL CONSERVAT	ON DIVISION			
DISTRICT II	P.O. Box	WELL API NO.	-025-06905		
P.O. Drawer DD, Artesia, NM 88210 Salita Fe, New Mexico 87504-208			5. Indicate Type of Lea		
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410				STATE	FEE X
<b></b>			6. State Oil & Gas Leas	e No.	
SUNDRY NOTIC	ES AND REPORTS ON WE	LLS			
(DO NOT USE THIS FORM FOR PROP DIFFERENT RESERV	OID. USE APPLICATION FOR P	N OR PLUG BACK TO A ERMIT"	7. Lease Name or Unit Agreement Name		
(FORM C-1)	01) FOR SUCH PROPOSALS.)			O	
ÓIL GAS WELL  WELL	OTHER	H. T. MATTERN (NCT-B)			
2. Name of Operator	OTHER				
Chevron U.S.A. Inc.			8. Well No. 11		
3. Address of Operator			9. Pool name or Wildcat		
P.O. Box 1150, Midland, 4. Well Location	TX 79702		PENROSE SKELLY; GI		
Unit Letter N : 660	Feet From The SOUTH	Line and 198			
20		Ellie and 150	Feet From The	WEST	Line
Section 30	Township 21S	Range 37E	nmpm Li	EA	County
	10. Elevation (Snow when	ther DF, RKB, RT, GR, etc.	.)		
11. Check Appr	opriate Box to Indicate	Nature of Notice	Penart or Other	//////////////////////////////////////	
NOTICE OF INT	ENTION TO:				
		308	SEQUENT REI	ORI OF:	) 1
PERFORM REMEDIAL WORK	PLUG AND ABANDON X	REMEDIAL WORK	ALTE	RING CASING	
TEMPORARILY ABANDON  CHANGE PLANS  COMMENCE DRILLING			OPNS. PLUG	AND ABANDONI	MENT [
JLL OR ALTER CASING CASING TEST AND CEN					A17141
OTHER:		OTHER:			_
12 Describe Present of Control					L
<ol> <li>Describe Proposed or Completed Operation work) SEE RULE 1103.</li> </ol>	ons (Clearly state all pertinent de	tails, and give pertinent date	s, including estimated dat	e of starting any	proposed
	F CIBP @ 3650'. PERF @ R @ 570', CIRC CMT TO SU SPOT 50' SURF PLUG. INT		T BEHIND CSG. SPO N TOP OF CICR @ 57	OT 100' CMT 70'. SPOT	
VERBAL APPROVAL RECEIV					
The state of the s	CD LACHKI MINK			•	
		HOURS PRICE PLUGGING COE	ON MUST BE NOTE TO THE BOSPINSE TRATIONS FOR THE	NG OF	
I hereby certify that the information above is true and	d complete to the best of my knowledge	and belief.	LU.		
SIGNATURE G, K, K, OULF	TIT1	E TECHNICAL ASSIS	TANT	" 10/91	/07
TYPE OR PRINT NAME J. K. RIPLEY				E10/21/	
			TELEPHON	ENO. (915)687	7-7148
ORIGINAL SIGNED	BY CHRIS WILLIAMS SUPERVISOR		•		-
DISTRIUL I APPROVED BY				31 VU	1997
CONDITIONS OF APPROVAL, IF ANY:	TITL	E	DATE	_	·

