Submit 3 Copies to Appropriate

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revisied 1-1-89

District Office	OIL CO	NSERVA	TION DIVISION				
		P.O. Bo	x 2088				
DISTRICT P.O. Box 1980, Hobbe, NM 88240	Sar	nta Fe, Nev	w Mexico 87504-208	88			
DISTRICT II					-	d by OCD on New Wells	
P.O. Drawer Dd, Artesia, NM 88210 DISTRICT III					30-025-26		
1000 Rio Brazoe Rd., Aztec, Nm 87410					5 Indicate Type	STATE	FEE
					6. State Oil & 0		
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"					7. Lesse Name W. T. McC	or Unit Agreement Name OMACK	
(FORM C-101) FOR SUCH PROPOSALS.)							
Type of Well: OIL	GAS						
WELL	WELL X OTHER	₹					
2. Name of Operator CHEVRON U.S.A. INC.					8. Well No.	10	
3. Address of Operator					9. Pool name or	18 Wildcat	
P.O. BOX 1150 MIDLAND, TX 79702 ATTN: WENDI KINGSTON					TUBB (A)(
4. Well Location Unit Letter B	. 210	Feet From The		ne and			EAST Line
Section 32		Township	21 SOUTH Ra Show whether DF, RKB, RT, GR, et		37E	NMPM LEA	County
			3458'	,			
11		Indecate Natu	re of Notice, Report, or Other				
NOTICE OF INT	¬ · · · ·		SUBSEQUE	NT REP	ORT 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	J	 1	CASING TEST AND CMT JOB	<u> </u>	: LL ADD DEE). 	I⊽1
OTHER:			OTHER: RE-ENTER TA	O WE	LL AUU PER	11-3	[X]
12. Describe Proposed or Completed O esticated date of starting any propose		ent details, and giv	ve pertinent dates, including				
WORK COM	MENCED 06/22/95	MIRIT ND 1	WH, NU BOP. PERF F/6	0471.6	2121 ACD	7	
			AC PERFS W/80,000 G				
	S 16/30 OTTAWA SI		•	ALO 00	QUALITY /		
·	OVER TO PRODUCTI		· · · · · · · · · · · · · · · · · · ·				
Plus	back 63	351					
		·					
I hereby certify that the information aboy	e is trustend complete to the be	at of my knowled	ge and belief.				
SIGNITURE DONA	37 theston	TITLE	TECH. ASSISTANT		DATE:	07/21/95	
TYPE OR PRINT NAME	WENDYKINGSTON				TELEPHONE NO.	(915)687-782	6
ORIGINAL SIGNE	O BY JERRY SEXTON					227 42 400	•
APPROVED BY CONDITIONS OF APPROVAL, IF ANY:	SUPERVIOR	TITLE			DATE	OCT 02 199	3

2A Doinkard

