Submit 3 copies		New Mexico	Form C-103		
Submit 3 copies to Appropriate District Office	Appropriate Facilities Appropriate Facilities Office Facilities Appropriate Facilities Facilities Appropriate Facilities				
<u>DISTRICT I</u>	OIL CONSERVA	TION DIVISION	WELL API NO.		
P.O. Box 1980, Hobbs, NM 88240 P.O. Box 2088			30-025-04644		
DISTRICT II	5. Indicate Type of Lease				
P.O. Box Drawer DD, Artesia, NM	88210	exico 87504-2088	STATE FEE		
DISTRICT III	6. State Oil / Gas Lease No.				
1000 Rio Brazos Rd., Aztec, NM &	8/410 RY NOTICES AND REPORTS ON	WELLS			
(DO NOT USE THIS FORM FO	7. Lease Name or Unit Agreement Name				
DIFFERENT	EUNICE MONUMENT SOUTH UNIT				
1. Type of Well: OIL WELL	FORM C-101) FOR SUCH PROPOSA  GAS WELL OTHER	ilo.	-		
2. Name of Operator	8. Well No.				
CHEV	427				
3. Address of Operator 15 SM	9. Pool Name or Wildcat GRAYBURG SAN ANDRES				
4. Well Location		0011711 11 1 10001	Food Food The FAOT		
Unit LetterO	:660' Feet From The	SOUTH Line and 1980'	Feet From The EAST Line		
Section 15	Township 21-S	Range36-ENN	MPM LEA COUNTY		
	10. Elevation (Show whether DF	F, RKB, RT,GR, etc.) 3589' KB			
11. Cho	eck Appropriate Box to Indicate	e Nature of Notice, Report	or Other Data		
NOTICE OF INTE	• • •	•	JBSEQUENT REPORT OF:		
_	PLUG AND ABANDON	REMEDIAL WORK	✓ ALTERING CASING		
PERFORM REMEDIAL WORK	_	<b>-</b>			
	ANIEL ADAINBOIL				
PULL OR ALTER CASING	_ <del>.</del>	;	REQUEST TA STATUS		
OTHER:		' OTHER:	ACCCCT MONGO		
<ol> <li>Describe Proposed or Comple proposed work) SEE RULE 11</li> </ol>		nent details, and give pertinent d	lates, including estimated date of starting any		
NOTIFIED NMOCD.					
4-26-02: TIH W/CIBP & SET @ :	3700'.  OPEN HOLE @ 3741'. : FOR 30 MINS. OK,.   CHART ATTACI	HED			
1041 MIT & 1201 000 10 020#	TOTO WINTO. OR, OF PRICE AT THE	nes.			
			• •		
	This Anguina a as w	_ / 1 1			
	This Approval of Tem	POPPETY 10/1-127			

I hereby certify that the information above is true and complete to the best of my knowledge and belief.							
SIGNATURE UN 150	(Nake)	TITLE	Regulatory Specialist	DATE	6/4/2002		
TYPE OR PRINT NAME	Denise Leake	-		Telephone No.	915-687-7375		

(This space for State Use)

**APPROVED** 

CONDITIONS OF APPROVAL, IF ANY:

TITLE 1913 THE SECOND A THE SECOND AS WELL AS A SECOND AS A SECOND

