Submit 3 Copies to Appropriate

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

District Office				V	evised 1-1-89	
DISTRICT I	OIL CONSERVATION					
P.O. Box 1980, Hobbs NM 88241-1980 DISTRICT II	2040 Pacheco St. Santa Fe, NM 87505		WELL API NO. 30-025-06705			
P.O. Drawer DD, Artesia, NM 88210	,	!	5. Indicate Type	of Lease STATE	FEE	Ⅵ
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil & G		→ FEE	
SUNDRY NOT	ICES AND REPORTS ON WELLS	3				7///
DIFFERENT RESER	DPOSALS TO DRILL OR TO DEEPEN OR RVOIR. USE "APPLICATION FOR PERMI" -101) FOR SUCH PROPOSALS.)	PLUG BACK TO A I"	7. Lease Name	or Unit Agreemen	nt Name	<u> </u>
1. Type of Well: OIL GAS WELL X WELL []	OTHER		C. L. HARDY			
2. Name of Operator Chevron U.S.A. Inc.			8. Well No.			
3. Address of Operator P.O. Box 1150, Midland, TX	79702		9. Pool name or BLINEBRY OI		1)	
4. Well Location Unit Letter M 660	Feet From The SOUTH	Line and 660) Feet Fro		NECT.	
Section 20	Township 21S Range	075	NMPM_	LEA	· · · · · · · · · · · · · · · · · · ·	Line
	10. Elevation (Show whether I)		Cou	<u>mv</u>
11. Check Ap	propriate Box to Indicate Na	ature of Notice,	Report, or	Other Data		(1/1/
NOTICE OF IN	TENTION TO:		SEQUENT			
PERFORM REMEDIAL WORK	PLUG AND ABANDON R	EMEDIAL WORK		ALTERING CA	ASING	Г
TEMPORARILY ABANDON	CHANGE PLANS C	OMMENCE DRILLING	OPNS.	PLUG AND AE		. [
PULL OR ALTER CASING		ASING TEST AND CEN		. 2007.1107.12	WARDONIVIEW !	_
OTHER:	O	THER: PLUGGED BA	CK TO BLINEB	RY		X
12. Describe Proposed or Completed Oper work) SEE RULE 1103.	rations (Clearly state all pertinent details,	and give pertinent date	es, including estim	ated date of star	rting any prope	
8 MIN. TSTD 7" CSG SURF- CO TO 5694'. SET CICR @ PERFD 5570'-5670' W/3 JHF	D SX CL "C". DRILLED CICR & -5108' 500#, LOST 35' IN 30 M 5098', PPD 100 SX CL "C". D PF. ACZD W/5000 GALS 15%. F 92'. RIH W/PROD TBG TO 5399'	IN. DRLD CIBP @ RLD CICR & CMT TO RACD W/81.000 GA	5108' (PERM 0 5234', TST LS GEL. 221.	ISSION F/OC D CSG 500#- 000# SAND	CD). OK.	
WORK PERFORMED 4/3/98 - 5	i/5/98					
I hereby certify that the information above is to	e and complete to the best of my knowledge and	belief.				
SIGNATURE G. K. KUPLE	11TLE_	TECHNICAL ASSISTA	ANT	DATE	5/13/98	
TYPE OR PRINT NAME J. K. RIPLEY	V			TELEPHONE NO. (<u> 915)687-71</u>	<u> 148</u>
(This space for State Use)						
APPROVED BYCONDITIONS OF APPROVAL, IF ANY:				DATE		<i>.</i>
CO. DITIONS OF AFFROYAL, IF ANT:	•					