Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

DISTRICT I P.O. Box 1980, Hobbs, NM 88240	OIL CONSERVATIO P.O. Box 208		WELL API NO. 30-025-20175
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	Santa Fe, New Mexico		5. Indicate Type of Lease STATE X FEE
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410			6. State Oil & Gas Lease No. B -1732
(DO NOT USE THIS FORM FOR PRODIFFERENT RESERVICES (FORM C	ICES AND REPORTS ON WEL OPOSALS TO DRILL OR TO DEEPEN RVOIR. USE "APPLICATION FOR PER -101) FOR SUCH PROPOSALS.)	OR PLUG BACK TO A	7. Lease Name or Unit Agreement Name HEAS/EY STATE
1. Type of Well: OIL GAS WELL WELL X	OTHER		/
2. Name of Operator ChEURON USA IN	/C .		8. Well No.
3 Address of Operator	DANO TO 19707 Att	v Room 4111	9. Pool name or Wildcat FLMOAT GAS
4. Well Location Unit Letter A: 600 Feet From The North Line and 500 Feet From The EAST Line			
Section 5	Township 2/5 Ran 10. Elevation (Show whether to		NMPM LEA County
Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data			
NOTICE OF IN	FENTION TO:	SUB	SEQUENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	OPNS. PLUG AND ABANDONMENT
PULL OR ALTER CASING	<u></u>	CASING TEST AND CE	1 _
OTHER:	🖳	OTHER PERS A	co's Ifeac
12. Describe Proposed or Completed Operawork) SEE RULE 1103.	ntions (Clearly state all pertinent details, an	d give pertinent dates, inclu	ding estimated date of starting any proposed
MIRU TIH SET CI	BP 2 5800' tst. to	500 psi ok	RAN CNL LOG. PERF
41/2" CSG W/3 3/8" CSG gun 0° phasing IJHPF total 12 shots f/33/2-3464' Aco'z W/			
1800 gals 15% NEFE	Swab back FR	AC W/ 70,300	9 9A/S 50/50 X1-95/ W/COZ
4 151.500 20/40 50	Loc-set par set	@ 3276' Flo	wback kin production
Equipment tot 059	to 500 psi ok Wi	ell tubeo to	3271' W/23/8".
I hereby certify that the information above is tr	ue and complete to the best of my knowledge and		1/2/01
SKINATURE	1 \	T.A. Delo	DATE 6/5/7/
TYPE OR PRINT NAME E.O. O	OHE'RTY		TELEPHONE NO.
. P .	g. Signem oy' aul Kautz Geologist	T.E	JUN 0 6 1991
APPROVED BY	111	_	