Submit 3 Copies to Appropriate District Office

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Form C-103
Revised 1-1-89

WELL API NO. 30-025-30950

5. Indicate Type of Lease STATE [X] FEE [ ]

6. State Oil & Gas Lease No.

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" (FORM C-101) FOR SUCH PROPOSALS.)

7. Lease Name or Unit Agreement Name: J.F. JANDA (NCT-D)

1. Type of Well: OIL WELL [X] GAS WELL [ ] OTHER

2. Name of Operator: CHEVRON USA INC

8. Well No. 6

3. Address of Operator: P.O. Box 1150 Midland Tx 79702

9. Pool name or Wildcat: O./ CENTER / GLORIETA

4. Well Location
Unit Letter I : 1660 Feet From The South Line and 530 Feet From The WEST Line

Section 2 Township 21S Range 36E NMPM LEA County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT 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 [ ]		CASING TEST AND CEMENT JOB [ ]	
OTHER: PERF ACD'Z [X]		OTHER: [ ]	

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

SET RBP @ 5214 PERF 5171-5200 W/4" GUN @ 2 JHPF 120° PHASING 46 HOLES TOTAL. ACD'Z W/ 2500 GAL 20% NEFE FLOW SWAB. POSSIBLE TEST ZONE PERF 5249-5258 W/4" GUNS 2 JHPF @ 120° PHASING 19 HOLES TOTAL. ACD'Z W/1500 GAL ACID. FLOW & SWAB RETURN TO PRODUCTION.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE E. O. Doherty TITLE T.A. Drlg DATE 2/12/91

TYPE OR PRINT NAME E.O. DOHERTY TELEPHONE NO. 915-687-7812

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: