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

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 Midland Tx 79702 ATTN: ED Doherty 4111

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

4. Well Location
Unit Letter T : 1660 Feet From The South Line and 530 Feet From The West L

Section 2 Township 21S Range 36E NMPM LEA County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3532 GR

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:	[ ]			OTHER: SQZ / RE perf			

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.

10/22/90 SET CIBP @ 5210' CAP W/10' cmt.
10/23/90 SET CICR @ 5070 Batch mix 100 sx 'C' 85 sx into perfs.
10/24/90 DRILLED out CICR & cmt to 5200' tst cmt sqz'd perfs 5171'-5190' to 500 psi. Drlg out cmt & PUSHED CIBP to PBTD 5290'.
10/25/90 Run tbg & RODS 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 10/26/90

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: