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.
30-025-10317

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
R.E. Cole "A" NCT A

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

2. Name of Operator
Chevron U.S.A. Inc.

8. Well No.
19

3. Address of Operator
P.O. Box 670, Hobbs, NM 88240

9. Pool name or Wildcat
Penrose Skelly/Grayburg

4. Well Location
Unit Letter J : 2310 Feet From The South Line and 1650 Feet From The East Line

Section 16 Township 22S Range 37E 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 [X]	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: [ ]	

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.

IT IS PROPOSED TO: Notify NM OCD @ 393-6161 24 hrs Prior to Start of P.A. Operations
POH W/PROD EQUIPMENT
TIH CIRC WELL W/P & A MUD
SET CIBP @ 3400' & CAP W/35' CMT
PERF 4 1/2" CSG @ 1100' SET CICR @ 1000' SQZ PERFS W/75 SXS CMT
PERF 4 1/2" CSG @ 400' TIE ONTO 4 1/2" CSG & CIRC CMT TO SURFACE VIA
4 1/2" x 8 5/8" ANNULUS LEAVING 4 1/2" CSG FULL OF CMT (APPROX. 110 SXS)
CUT OFF WH INSTALL DRY HOLE MARKER
CHANGE WELL STATUS TO PLUGGED & ABANDONED

load hole w/ salt Gel

THE COMMISSION MUST BE NOTIFIED 24 HOURS PRIOR TO THE BEGINNING OF PLUGGING OPERATIONS FOR THE C-103 TO BE APPROVED.

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

SIGNATURE M. E. Akins 8/10/90 TITLE Staff Drlg. Engr. DATE 8-9-90

TYPE OR PRINT NAME M. E. Akins TELEPHONE NO. 393-412

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE AUG 14 19

CONDITIONS OF APPROVAL, IF ANY: