o Appropriate District Office	, Minerals and Nati	irai Resources Department	Revised 1-1-8
DISTRICT I	L CONSERVA	ATION DIVISION	WELL API NO.
P.O. Box 1980, Hobbs, NM 88240	P.O. Box		30-025-10318
DISTRICT II	Santa Fe, New M	exico 87504-2088	5. Indicate Type of Lease
P.O. Box Drawer DD, Artesia, NM 88210			STATE FEE
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil / Gas Lease No.
SUNDRY NOTIC (DO NOT USE THIS FORM FOR PROPI DIFFERENT RESER)	7. Lease Name or Unit Agreement Name R. E. COLE 'A'		
1. Type of Well: OIL WELL GAS WELL	OTHER		
Name of Operator CHEVRON US.	A INC		8. Well No. 5
Address of Operator 15 SMITH ROA	AD, MIDLAND, TX 79705		9. Pool Name or Wildcat EUNICE SAN ANDRES SW
4. Well Location			
Unit Letter I:3	2086' Feet From The	SOUTH Line and 554'	Feet From The EAST Line
Section 16	Township 22-S	Range 37-E N	MPM LEA COUNTY
	10. Elevation (Show whether Di		48 (F. CO. 46 % CV - F. CS - C. 46 - C. 4
11. Check Apr	propriate Box to Indicat	e Nature of Notice, Report	t, or Other Data
• •	·		UBSEQUENT REPORT OF:
NOTICE OF INTENTION		_	
TEM ON THE PER PER PER PER PER PER PER PER PER PE	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING PERATION PLUG AND ABANDONMENT
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING OF	
PULL OR ALTER CASING		CASING TEST AND CEME	
OTHER:		OTHER:	ADD PERFS, ACIDIZE, & FRAC
proposed work) SEE RULE 1103. 8-30-02: MIRU. TIH W/BIT TO 2520'. 9-03-02: TIH W/BIT & TAG @ 5275. ON V SET TWICE IN BLANK PIPE ABOVE PER 9-04-02: FISH VALVE BAR ON SANDLIN FLUSH BACKSIDE W/15 BBLS 2% KCL F 9-05-02: TIH W/RBP & PKR. SET PKR @ 9-06-02: MOVE TOOLS. SET RBP @ 42.9-09-02: MOVE TOOLS. SET RBP @ 38.9-10-02: MOVE TOOLS. SET RBP @ 38.0-11-02: MOVE TOOLS. SET RBP @ 31.0-11-02: MOVE TOOLS.	VAC. TIH W/GUNS & PERF RFS. IE. DROP NEW BAR. ACIDI FW. SET PPI PKR @ 3750.) 4498 W/RBP SWINGING. 48 & PKR @ 4114. RU SWA 90. PKR @ 3741. 40, PKR @ 3741. MOVE TO	3909-12, 3920-24, 3934-36, 410 ZE SAN ANDRES PERFS 3789 RU SWAB. RU SWAB. .B. MOVE TOOLS. SET RBP @ OLS. RBP @ 3890. PKR @ 384	
FINAL REPORT			, ·
I hereby certify that the information above is true and complete to SIGNATURE	The besylfi my knowledge and belief.	Regulatory Specialist	DATE <u>12/18/2002</u> Telephone No. 915-687-7375
			Telephone No. 915-687-7375

(This space for State Use)

TYPE OR PRINT NAME

APPROVED

CONDITIONS OF APPROVAL, IF ANY:

ONIGINAL GIONED BY

TITLEARY WORK D.

OC FIELD REPRESENTATIVE II/STAFF MANAGER

Denise Leake