Submit 3 Copies to Appropriate District Office

## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 **Revised 1-1-89** 

P.O. Box 1980, Hobbs, NM 88240

OIL CONSERVATION DIVISION P.O. Box 2088

WELL API NO.

\_ DATE ...

DISTRICT II P.O. Drawer DD, Artesia, NM 88210  Santa Fe, New Mexico 87504-2088		97501 2099	30-025-10424
		5. Indicate Type of Lease	
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410			STATE FEE X  6. State Oil & Gas Lease No.
CUMPRY MOTICE	AND DEDODTE ON WEI	16	
SUNDRY NOTICE'S 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	
1. Type of Well:		· · · · · · · · · · · · · · · · · · ·	
OIL X WELL GAS	OTHER	·	O. I. Boyd
2. Name of Operator Chevron U.S.A., Inc.			8. Well No.
3. Address of Operator			9. Pool name or Wildcat
P. O. Box 1150, Midla	nd, TX 79702		Blinebry
4. Well Location  Unit Letter 0: 660	South	. 19	80 Fact
Unit Letter U : 000 ]	Feet From The	Line and	Feet From The Last Line
Section 23			NMPM Lea County
	10. Elevation (Show whether 3 3 2 0 ' GI		
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. DPLUG AND ABANDONMENT
PULL OR ALTER CASING CASING		CASING TEST AND CE	MENT JOB
OTHER:		OTHER: Return	TA well to production $X$
12. Describe Proposed or Completed Operations (	Clearly state all pertinent details, an	d give pertinent dates, includ	ling estimated date of starting any proposed
work) SEE RULE 1103.			
/	· · /ppop pc ci	N S 170 442 2	'2/0" that CN 0 5737'
POH w/RBP. GIH w/mud jt w/BPOB, PS, SN & 179 jts 2-3/8" tbg; SN @ 5737'. GIH w/2x1-1/4x16 pump & (112) $3/4$ " "D" rods & (119) $7/8$ " rods. MI & set			
gas powered pumping unit. Work performed 8/20/91.			
	•		
		balled	
I hereby certify that the information above is true and or			0-10-01
I hereby certify that the information above is true and or SIONATURE		<b>belie</b> f. L <mark>e</mark> Technical As	sistant <b>DATE</b> 9-10-91
O.K. Rinley			sistant DATE 9-10-91 TELEPHONE NO.
SIGNATURE J.K. Riply			DATE