Submit 3 Copies to Appropriate District Offices

CONDITIONS OF APPROVAL, IF ANY:

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

DISTRICT I P.O. Box 1980, Hobbs, NM 88240	OIL CONSERVATION DIVISION			
310 Old Santa Fe Trail, Room 206		WELL API NO. 30-025-25739		
P.O. Drawer DD, Artesia, NM 88210 Santa Fe, New Mexico 87503			5. Indicate Type of Lease	
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410			STATE FEE X	
			6. State Oil & Gas Lease No.	
SUNDRY NOTI	CES AND REPORTS ON W	ELLS		
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"			7. Lease Name or Unit Agreement Name	
(FORM C-	101) FOR SUCH PROPOSALS.)			
1. Type of Well: OIL WELLX GAS WELL OTHER			HUGH	
2. Name of Operator				
CHEVRON U.S.A., INC.			8. Well No. 12	
3. Address of Operator P. O. BOX 1150 MIDLAND, TX 79702			9. Pool name or Wildcat	
4. Well Location			WANTZ;ABO/	WANTZ;GRANITE WASH
Unit Letter H: 2310	Feet From The NORTH	Line and <u>330</u>	Feet Fron	n The EAST Line
Section 14	Township 22S R	ange 37E N	MPM LEA	County
	10. Elevation (Show who	ether DF, RKB, RT, GR, etc.)		County
11. Check An	proprieto Por to Indicate l	AT-4		
100100 of the part of indicate Nature of Notice, Report, of Other Data				
DEDECTM DEMENTAL WORK				
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK		ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	OPNS.	PLUG AND ABANDON
PULL OR ALTER CASING CASING TEST AND CEM			ENT JOB	
OTHER: ADD PERFS WANTZ; ABO 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.				
POH W/PROD EQPT. DRILL OUT/PUSH CIBP TO 7715'. PERF 6614'-6658 & 6939'-7211' W/2 JHPF. ACZ 7624'-7701' W/1000 GALS 15% HCL. ACZ 7270'-7447' W/5000 GALS 15% HCL. ACZ NEW PERFS W/3400 GALS 20% HCL. FRAC NEW PERFS W/12,000 GALS 20% HCL & 18,000 GALS GEL & 85 RCNB'S. SWAB. RIH W/TBG, PUMP & RODS. RETURN WELL TO PRODUCTION.				
I hereby certify that the information above is true	and complete to the best of my knowledge	and belief.		
SIGNATURE J.K.RUPL	TI TI	TLE REGULATORY O.A	ı	DATE_05/03/2000
TYPE OR PRINT NAME J. K. RIPLEY	0	1	relephone no. (9	
(This space for State Use)				10,007-7 140
APPROVED BY	Tr	rle		DATE