Submit 3 Copies
to Appropriate
District Office

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revisied 1-1-89

OIL CONSERVATION DIVISION

P.O. Box 2088

DISTRICT I Santa Fe, New Mexico 87504-2088 P.O. Box 1980, Hobbs, NM 88240		
DISTRICT II		API NO. (assigned by OCD on New Wells)
P.O. Drawer Dd, Artesia, NM 88210 DISTRICT III		5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, Nm 87410		STATE FEE
		6. State Oil & Gas Lease No.
OLINOBY NOTICES	AND DEDOCTO ON WELLO	N/A
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK		
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)		7. Lease Name or Unit Agreement Name
1. Type of Well:	SUCH PROPOSALS.)	4
OIL GAS		
WELL X WELL OTHE	ER	C.E. LA MUNYON
2. Name of Operator		B. Well No.
CHEVRON U.S.A. INC.		7
3. Address of Operator	TNI- NITA DICE	9. Pool name or Wildcat
P.O. BOX 1150 MIDLAND, TX 79702 AT	IN: NITA RICE	TEAGUE NORTH
	O Feet From The SOUTH Line and	660 Feet From The WEST Line
Section 22	Township 235 Range	37E NMPM LEA County
	10. Elevation(Show whether DF, RKB, RT, GR, etc.	
	3304' GL	
11 Check Appropriate Box to Indecate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:		
PERFORM REMEDIAL WORK PLUG AND ABANDON	REMEDIAL WORK	ALTER CASING
TEMPORARILY ABANDON CHANGE PLANS	COMMENCE DRILLING OPNS.	PLUG AND ABAN.
)		PLUG AND ABAN.
PULL OR ALTER CASING TREAT WAS CID & CHILODINE	CASING TEST AND CMT JOB	,
OTHER: TREAT W/ACID & CHLORINE	X OTHER:	
DIOXIDE		
 Describe Proposed or Completed Operations(Clearly state all pertinent details, and give pertinent dates, including esticated date of starting any proposed work) SEE RULE 1103. 		
IT IS PROPOSED TO:		
ND WH, NU BOP. TST TBG TO 5000 I	PSI, TREAT PERFS 7261-7339 & :	7398-7408
W!TH 1000 GALS 15% HCL & 200 BB	LS CHLORINE DIOXIDE EACH S	ET.
ND BOP, NU WH. RUN RODS & PMP	& RETURN TO PRODUCTION	
,		
I hereby certify that the information above is true and complete SIGNITURE	to the best of my knowledge and belief. TITLE TECHNICAL ASSISTANT	DATE: 4/22/93
E OR PRINT NAME NITA RICE		TELEPHONE NO. (915)687-7436
THE THE PARTY OF T		
APPROVED BY Orig. Signed by	TITLE	DATE APR 2 6 1993
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