Submit 3 Copies to Appropriate District Office

CONDITIONS OF AFFROVAL, IF ANY:

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

Review Re

DISTRICT I P.O. Box 1980, Hobbs, NM 88240 DISTRICT II P.O. Drawer DD, Artesia, NM 88210 OIL CONSERVATION DIVIS P.O. Box 2088 Santa Fe, New Mexico 87504-2088	WELL API NO.
	5. Indicate Type of Lease
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410	6. State Oil & Gas Lease No.
1 SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BAC DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) 1. Type of Well:	CK TO A 7. Lease Name or Unit Agreement Name
OIL GAS WELL OTHER	Lillie
2. Name of Operator Chevron U.S.A., Inc.	8. Well No.
3. Address of Operator	
P. O. Box 1150, Midland, TX 79702	9. Pool name or Wildcat
4. Weil Location	South Fowler Tubb
Unit Letter D: 660 Feet From The North Line and	330 Feet From The West Line
Section 23 Township 24S Range 37E	NMPM Lea
10. Elevation (Show whether DF, RKB, RT, GR	NMPM Lea County
3227' GR	
11. Check Appropriate Box to Indicate Nature of No	otice, Report, or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WO	
TEMPORARILY ABANDON CHANGE BLAND	
PULL OR ALTER CASING COMMENCE D	DRILLING OPNS. PLUG AND ABANDONMENT
OTHER:	AND CEMENT JOB
OTHER: PI	ug Back (abandon Montoya) X
12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed	
Spot abandonment mud 7960'-9690'. Set CIBP @ 8600', cap w/35' cement; set CIBP @ 7960', Perf 5733'-35', 6204'-06' w/(4) JHPF. Squeeze 6204'-06' w/75 sx Class C @ 1750#; squeeze 573 Drill 5567'-5766'; tag CICR @ 6158', test 500#-ok. Perf 5835'-6136' w/(1) JHPF (40 holes). Acidize 5835'-6136' w/5000 gals 15% NEFE & 60 RCNB's. Frac w/15000 gals 28% NEFE HCL. Turn well over to production. Work performed 12/8/92 - 12/18/92	cap w/35'cement.
I hereby certify that the information above is true and complete to the best of my knowledge and belief.	
SKONATURE J.K. KIPLLY T.A.	DATE 3/30/93
TYPE OR PRINT NAME	
(This space for State Use)	TELEPHONE NO.
ORIGINAL SIGNAL BY JAKEY SEXTON	
APPROVED BY BIGTRICT I SUPER VISOR	APR 61 1903

OND HORRS OFFICE

-AR 3 1 1993

RECEIVED