to Appropriate
District Office

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

Energy, Minerals and Natural Resources Department

O. CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Form C-103
Revised 1-1-89

WELL API NO.
30-025-11910

5. Indicate Type of Lease STATE [XX] FEE [ ]

6. State Oil & Gas Lease No.

SUNDRY NOTICES 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
Arnott-Ramsay NCT-F

1. Type of Well:
OIL WELL [XX] GAS WELL [ ] OTHER

2. Name of Operator
Chevron U.S.A. Inc.

8. Well No.
12

3. Address of Operator
P.O. Box 670, Hobbs, NM 88240

9. Pool name or Wildcat
Justis Blinebry

4. Well Location
Unit Letter E : 1980 Feet From The North Line and 990 Feet From The West Line

Section 36 Township 25S Range 37E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

11. 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.	[ ]	PLUG AND ABANDONMENT	[XX]
PULL OR ALTER CASING	[ ]			CASING TEST AND CEMENT JOB	[ ]		
OTHER:	[ ]			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.

TOH W/RODS & TBG, RU WL & SET CIBP @ 4990 & CAP W/10 SXS CMT, TOH TO 4950' LOAD CSG W/115 BBLS P&A MUD & LOST RETURNS TIH W/PKR TO ISOLATE CSG LEAK, CIBP @ 4990 LEAKING SET CIBP @ 4445' & CAP W/10SXS CMT, TOC @ 4392', SPOT 50 SX PLUG F 2391 TO 2124, TOH SPOT 50 SX PLUG F 965 TO 698, TOH SPOT 20 SX SURFACE PLUG F 60' TO SURFACE, CUTOFF WH 3' BELOW GL, INSTALL DRY HOLE MARKER, CHANGE WELL STATUS TO PLUGGED & ABANDONED 12-03-89.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE M. E. Adams TITLE Staff Drlg. Engr. DATE 12-05-89

TYPE OR PRINT NAME TELEPHONE NO.

(This space for State Use)

APPROVED BY Ra Landers TITLE OIL DATE FEB 12 1990

CONDITIONS OF APPROVAL, IF ANY: