Forr., 3160-5 (June 1990)

DEPARMENT OF THE NAME CONS. DIVIS BUREAU OF LAND MANAGES NT. French Dr.

Hobbs, NM 88240 SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.

FORM APPROVED Budget Bureau No. 1004-0135

Expires:	March 31,	1993

Lease Designation and Serial No.	
NM 03429	

Use "APPLICATION FOR PERMIT" for such proposals		6. If Indian, Alottee or Tribe Name	
SUBMIT IN TRIPLICATE		7. If Unit or CA, Agreement Designation	
1. Type of Well: OIL GAS WELL OTHER PLG'D BY ENSERCH EXP		8. Well Name and Number WEST JAL -A-	
Name of Operator CHEVRON USA INC			
3. Address and Telephone No. 15 SMITH ROAD, MIDLAND, TX 7970	05 915-687-737	9. API Well No. 20 38 / 30-025-20003	
Location of Well (Footage, Sec., T., R., M., or Survey Description) Unit Letter K: 1980 Feet From The SOUTH Line a	nd 1980 Feet From The	10. Field and Pool, Exploaratory Area JAL STRAWN WEST	
WEST Line Section 21 Township 25S	Range 36E	11. County or Parish, State LEA , NEW MEXICO	
Check Appropriate Box(s) To Ind	icate Nature of Notice, Re	eport, or Other Data	
TYPE OF SUBMISSION	T	YPE OF ACTION	
✓ Subsequent Report Final Abandonment Notice	Abandonment Recompletion Plugging Back Casing Repair Attering Casing OTHER:	Change of Plans New Construction Non-Routine Fracturing Water Shut-Off Conversion to Injection Dispose Water (Note: Report results of multiple completion on Well Completion or Recompletion Report and Log Form.)	

directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work,)*.

2-11-97: PLUGGED AND ABANDONED AS FOLLOWS:

- 1) SET CIBP @ 11,900' W/35' CMT ON PLUG. 2) SET 100' PLUG INSIDE 7" CSG FR 6900-7000'.
- 3) PERF 7" CSG @ 5340', CIRCULATE CMT TO SURF ON 7" CSG ANNULUS.
- 4) SET 100' PLUG INSIDE 2" CSG FR 3350-3250'.
- 5) SET 100' PLUG INSIDE 2" CSG FR 1480-1380'.
- 6) SET 100' PLUG INSIDE 2" CSG FR 400-300'.
- 7) SET 10' SURFACE PLUG.
- 8) CUT OFF 3' BELOW GROUND LEVEL.
- 9) INSTALLED DRY HOLE MARKER.

			F. L. LED		
14. I hereby certify that the foregoing is true and correct SIGNATURE TYPE OR PRINT NAME	Salve Denise Leake	TITLE	Regulatory Specialist	DATE	2/18/2003
(This space for Federal or State office use) APPROVED CONDITIONS OF APPROVAL, IF ANY:				DATE	
	for any person knowingly and w	ilifully to ma	ke to any department or agency of the United States an		ements or