

DISTRICT I

P.O. Box 1980, Hobbs, NM 88240

DISTRICT II

P.O. Drawer 00, Aramis, NM 88210

DISTRICT III

1000 Rio Arriba Rd., Aztec, NM 87410

JIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

WELL API NO.
30-025-30990

5. Indicate Type of Lease
STATE FT

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.)

1. Type of Well
OIL WELL GAS WELL OTHER

2. Name of Operator
Chevron USA, Inc.

3. Address of Operator
P.O. Box 1150 Midland TX 79707 Attn: Ed Doherty 4111

4. Well Location
This Lease **F**: **1520** Feet From The **North** Line and **1820** Feet From The **West**

7. Lease Name or Unit Agreement Name
R.R. Bell NCT-F

8. Well No.
3

9. Foot name or Wildcat
Eumont / QUEEN

Section **36** Township **20S** Range **36 E** NMPM **LEA**

10. Elevation (Show whether OF, RKB, RT, GR, etc.)
3546.6L

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK

TEMPORARILY ABANDON

PULL OR ALTER CASING

OTHER:

PLUG AND ABANDON

CHANGE PLANS

SUBSEQUENT REPORT OF:

REMEDIAL WORK

COMMENCE DRILLING OPER.

CASING TEST AND CEMENT JOB

OTHER: **Delg Operation Summary**

ALTERING CASING

PLUG AND ABANDONMENT

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 1101.

Spud 12 1/4 hole @ 5:30 pm on 11/7/90. Delg & survey f/10-1135 TD hole @ 1:30 pm 11/8/90. RAN 26 jts 8 5/8 23# MSO ST+C CMT W/785SX "C" circ 176SX to surf. Wait on cmt 21 hrs. Tst. CSG to 1000 psi. OK. Delg cmt + float equip. f/1080-1135. Delg & survey f/1135-3750. TD hole 2:00 am on 11/13/90. Run O.H. logs. Spectral + litho Density, CNL, DLY, MSFL. RAN 90 jts 5 1/2 15.5 MSO LT+C CMT W/325SX LEAD & 250SX TAIL. CIRC 45SX to surf. RDMO Delg RIG. Wait on Completion.

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

SIGNATURE **E.O. Doherty**

TITLE **T.A. Delg.**

TYPE OR PRINT NAME **E.O. DOHERTY**

DATE **11/16/90**

(This space for State Use)

TELEPHONE NO. **915-687-7817**

APPROVED BY _____

CONDITIONS OF APPROVAL, IF ANY: _____

TITLE _____

DATE _____