

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-103  
Revised 1-1-89

**OIL CONSERVATION DIVISION**

**DISTRICT I**  
P.O. Box 1980, Hobbs NM 88241-1980

2040 Pacheco St.  
Santa Fe, NM 87505

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

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

WELL API NO. 30-025-10169	
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>	
6. State Oil & Gas Lease No.	

<p align="center"><b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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.)</p>			
1. Type of Well: OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		7. Lease Name or Unit Agreement Name EAVES	
2. Name of Operator Chevron U.S.A. Inc.		8. Well No. 6	
3. Address of Operator P.O. Box 1150, Midland, TX 79702		9. Pool name or Wildcat BLINEBRY (GAS) & DRINKARD	
4. Well Location Unit Letter <u>A</u> : <u>554</u> Feet From The <u>NORTH</u> Line and <u>766</u> Feet From The <u>EAST</u> Line			
Section <u>10</u>	Township <u>22S</u>	Range <u>37E</u>	County <u>LEA</u>
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 <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>		CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: _____ <input type="checkbox"/>		OTHER: <u>ADDED PERFS IN BLINEBRY: ACZD. FRACD</u> <input checked="" type="checkbox"/>	

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.

POH W/PROD EQPT. ACZD DRINKARD PERFS 6246'-6371' W/3500 GALS 15% HCL & 95 RCNB'S. PERFD 5513'-5677' W/2 JHPF. ACZD W/6300 GALS 15% HCL & 50 RCNB'S. FRACD W/84,500 GALS FOAM & 221,360# SAND. RIF W/PROD TBG TO 5368'. RETURNED WELL TO PRODUCTION.

WORK PERFORMED 6/30/98 - 7/13/98

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

SIGNATURE J. K. Ripley TITLE TECHNICAL ASSISTANT DATE 10/8/98

TYPE OR PRINT NAME J. K. RIPLEY TELEPHONE NO. (915)687-7148

(This space for State Use)

APPROVED BY GARY WINK TITLE \_\_\_\_\_ DATE 10/8/98

CONDITIONS OF APPROVAL, IF ANY:

CW

3/10