

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Engr., Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

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

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

WELL API NO.	30-025-26663
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.	A-1543-1
7. Lease Name or Unit Agreement Name	B.V. Culp (NCT-A) Gas Com
8. Well No.	9
9. Pool name or Wildcat	Eumont (Pro Gas)

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 <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER	
2. Name of Operator Chevron U.S.A.	
3. Address of Operator P.O. Box 1150, Midland, TX 79702	
4. Well Location Unit Letter J : 2040 Feet From The South Line and 1980 Feet From The East Line Section 19 Township 19S Range 37E NMPM Lea County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3683' GL	

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"/>	REMEDIAL WORK <input checked="" type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: add 'gas com' to lease name <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.

MIRU, Bleed well down, Nipple down well head, nipple up B.O.P.'s, Pull equipment out of well. RIH and pushed CIBP to 3685' (63' below btm. perfs). Acidize well with 1500 gals. of 15% NEFE HCL acid down backside with 750 psi on tbgs., flushed with 60 bbls of 8.6# wtr. Csg on vacuum after treatment, No pressure on casing during treatment. RIH w/prod equipment after swabbing acid back. RDMOPU. (Acidized perfs from 3124' - 3622')

Started work 5-29-91

Completed work 5-31-91

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

SIGNATURE D.M. Bohon TITLE Technical Assistant DATE 6-24-91

TYPE OR PRINT NAME TELEPHONE NO.

(This space for State Use)

APPROVED BY TITLE DATE

CONDITIONS OF APPROVAL, IF ANY: