Submit 3 Copies to Appropriate District Office

State of New Mexico
Energy, 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. 30-025-30980

5. Indicate Type of Lease STATE [X] 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: R.R. Bell NCT-F

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

2. Name of Operator: Chevron USA Inc.

8. Well No. 3

3. Address of Operator: P.O. Box 1150 Midland TX 79702 ATTN: E.O. Doherty Rm 4111

9. Pool name or Wildcat: Eumont / Queen

4. Well Location
Unit Letter F : 1520 Feet From The North Line and 1870 Feet From The West Line

Section 36 Township 20S Range 36E 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	[ ]
PULL OR ALTER CASING	[ ]			CASING TEST AND CEMENT JOB	[ ]		
OTHER:	[ ]			OTHER: Completion Summary			[X]

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 TAG bottom @ 3702± RAN GL-CCL Log Perf w/4" 1 JHPF 0° phasing f/ 3472'-3636 total of 16 holes. Acid'z w/2700 gals 15% NEFE & 25 ball-sealers. Swab well. Frac perfs w/ 54000 gals 50/50 XL-Gel + CO2 & 121000# 12/20 SD. flow well turn well over to production.

work started 12/6/90

ended 12/11/90

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. Dclg DATE 12/11/90

TYPE OR PRINT NAME E. O. DOHERTY TELEPHONE NO. 915 687-7812

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: