Submi- 3 Copies to Appropriate

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

District Office				
DISTRICT I	OIL CONSERVAT		WELL API NO.	
P.O. Box 1980, Hobbs NM 88241-1980 P.O. Box 2088 DISTRICT II Santa Fe New Mexico 87504-2088		30-025-31002		
P.O. Drawer DD, Artesia, NM 88210	Santa Fe, New Mexico 87504-2088		5. Indicate Type of Lease	
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410		· ,	STATE L	FEE X
			0. Sale on a Gas Esass 140.	
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BA				
DIFFERENT RESER	RVOIR. USE "APPLICATION FOR -101) FOR SUCH PROPOSALS.)	PERMIT"	7. Lease Name or Unit Agreemen	nt Name
1. Type of Well:	101) FOR SUCH PROPOSALS.)		B. V. CULP (NCT-A) GAS	COM
OIL GAS WELL X	OTHER		B. V. COLF (NCT-A) GAS	COM
2. Name of Operator		4.4.4.	8. Well No.	
Chevron U.S.A. Inc. 3. Address of Operator			10	
P.O. Box 1150, Midland	. TX 79702	· · · · · ·	9. Pool name or Wildcat EUMONT; YATES-7 RVRS-QU	EEN (PRO GAS)
4. Well Location Unit Letter A : 840	Feet From The NORT	п⊔ с		
Unit Letter A : 840	Feet From The NUR	In Line and	90 Feet From The E	EAST Line
Section 19	Township 19S	Range 37E	NMPM LEA	County
	10. Elevation (Show w	hether DF, RKB, RT, GR, e	(c.)	
11. Check Apr	propriate Box to Indica	ate Nature of Notice	, Report, or Other Data	
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:				
PERFORM REMEDIAL WORK		7.48		
The state of the s				_
TEMPORARILY ABANDON	The state of the s			
PULL OR ALTER CASING		CASING TEST AND C	EMENT JOB L	
OTHER:		OTHER:	· · ·	
12. Describe Proposed or Completed Oper	ations (Clearly state all pertinen	t details, and give pertinent d	ates, including estimated date of star	rting any proposed
work) SEE RULE 1103.		the state of the s		
POH W/TBG. MAKE BI	T TRIP TO PBTD @ 3675'.	ACZ PERFS @ 3486'-	3661' W/4000 GALS 15% HCL	L. SHUT
IN FOR 15 MIN; GET	5, 10 & 15 MIN PRESS RE	ADINGS. FLOW WELL B		
W/IBG 10 3555 . RE	TURN WELL TO PRODUCTION	• • • • • • • • • • • • • • • • • • •		
		Maria Asilia		
	•			
I hereby certify that the information above is true	e and complete to the best of my know	rledge and belief.		
SIGNATURE . KUD	lly	TITLE TECHNICAL AS	SISTANT DATE	11/13/97
TYPE OR PRINT NAME J. K. RIPLEY	, /		TELEPHONE NO.	(915)687-7148
(This space for State Use)				
OMICAMAL SI	ÓNED BY OHRIS WILL <mark>IAMS</mark> RICT I SUPERVISO R	3		
APPROVED BY		тпе	DATE	A CANADA
CONDITIONS OF APPROVAL, IF ANY:				