

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department
OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Form C-103
Revised 1-1-88

DISTRICT I

P.O. Box 1880, Hobbs, NM 88240

DISTRICT II

P.O. Drawer Dd, Artesia, NM 88210

DISTRICT III

1000 Rio Brazos Rd., Aztec, Nm 87410

API NO. (assigned by OCD on New Wells) 30-025-06143	
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>	
6. State Oil & Gas Lease No. N/A	
7. Lease Name or Unit Agreement Name THEODORE ANDERSON	
8. Well No. 7	
9. Pool name or Wildcat EMONT/YTS/7RVRS/QN <i>76600</i>	

4. Well Location Unit Letter H : 1980 Feet From The NORTH Line and 660 Feet From The EAST Line Section 17 Township 20S Range 37E NMPM LEA County	
10. Elevation(Show whether DF, RKB, RT, GR, etc.) 3544'	

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 <input type="checkbox"/> GAS <input type="checkbox"/> WELL <input type="checkbox"/> WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>	
2. Name of Operator CHEVRON U.S.A. INC.	
3. Address of Operator P.O. BOX 1150 MIDLAND, TX 79702 ATTN: NITA RICE	
4. Well Location Unit Letter H : 1980 Feet From The NORTH Line and 660 Feet From The EAST Line Section 17 Township 20S Range 37E NMPM LEA County	
10. Elevation(Show whether DF, RKB, RT, GR, etc.) 3544'	

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"/>	ALTER CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABAN. <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER: <input type="checkbox"/>	CASING TEST AND CMT JOB <input type="checkbox"/>	OTHER: ADD PERFS <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.

WORK STARTED 10/12/94. MIRU ND WH, NU BOP. CLEAN OUT F/3351'-3500'.
RUN CBL/CET/RAL/GR/CCL LOG. PERF F/3295'-3483'. ACDZ W/150 GALS 15% NEFE
HCL. SWAB. FRAC PERFS W/161,700 GALS 50Q CO2 LINEAR GEL & 500,000 LBS
12/20 BRADY SD. FLUSH, FLOW WELL BACK. ND BOP, NU WH.
TURN WELL OVER TO PRODUCTION 10/21/94.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.
SIGNATURE *Wendi Kingston* TITLE **TECH. ASSISTANT** DATE: **11/2/94**
TYPE OR PRINT NAME **WENDI KINGSTON** TELEPHONE NO. **(915)687-7826**

APPROVED BY _____ TITLE _____ DATE **NOV 3 1994**
CONDITIONS OF APPROVAL, IF ANY: _____