Submit 3 Copies to Appropriate

CONDITIONS OF APPROVAL, IF ANY:

## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

District Office					
DISTRICT I P.O. Box 1980, Hobbs NM 88241-1980 P.O. Box 2088			WELL API NO.		
DISTRICT II Santa Fe, New Mexico 87504-2088		30 - 025 - 06208  5. Indicate Type of Lease			
P.O. Drawer DD, Artesia, NM 88210			S. Moleculo Type	STATE X	FEE 🗌
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil & Ga	as Lease No.	
	CES AND REPORTS ON WELI				
DIFFERENT RESER	POSALS TO DRILL OR TO DEEPEN O VOIR. USE "APPLICATION FOR PERI 101) FOR SUCH PROPOSALS.)		7. Lease Name o	or Unit Agreement l	Name
I. Type of Well: OIL GAS WELL GAS WELL X	OTHER		BELL RAMSAY	(NCT-B)	
2. Name of Operator			8. Well No.	·	
Chevron U.S.A. Inc.			9. Pool name or	Wildoot	
3. Address of Operator P.O. Box 1150, Midland	, TX 79702			S-7 RVRS QUEE	N (PRO GAS)
4. Well Location Unit Letter M · 660	Feet From The SOUTH	Line and 66	in 5.5	m The WE	ST
Unit Letter M : 660	Feet From The SOUTH	Line andDO	Feet Fro	m The WL	Line
Section 33		nge 37E	NMPM	LEA	County
	10. Elevation (Show whether	er DF, RKB, RT, GR, etc	:.)		
11. Check An	propriate Box to Indicate	Nature of Notice.	Report, or	Other Data	<u> </u>
NOTICE OF IN	-	1	SEQUENT		OF:
	——————————————————————————————————————				r
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK		ALTERING CAS	ING L
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	OPNS.	PLUG AND ABA	NDONMENT L
PULL OR ALTER CASING		CASING TEST AND CE	MENT JOB		
OTHER:		OTHER: ADD PE	ERFS		<u>&gt;</u>
12. Describe Proposed or Completed Oper work) SEE RULE 1103.	rations (Clearly state all pertinent deta	ails, and give pertinent da	tes, including estin	nated date of starti	ng any proposed
W/1000 GALS 7-1/2% J JHPF. ACIDIZED 269	D BAD 7" CSG. ACIDIZED 33: HCL, 51,000 GALS 50Q GEL & 0'-2994' W/1000 GALS 7-1/2' . CLEANED OUT SAND TO 3496	" HCL. FRACD 2690	ND. PERFD 20 '-2994' W/51	690'-2994' W/ ,000 GALS 500	4" 1 GEL &
WORK PERFORMED 8/12	/96 - 8/30/96.				
I hereby certify that the information above)is tr	ue and complete to the best of my knowledge	and belief.			
SIGNATURE O.K. KYD	lly m	LE TECHNICAL ASSIS	TANT	DATE	1/20/97
TYPE OR PRINT NAME J. K. RIPLEY				TELEPHONE NO. (	915)687-7148
(This space for State Use)				MAL	22 1097
APPROVED BY	тпі	LE		DATE (	