

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 1-1-89

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

API NO. (assigned by OCD on New Wells)

30-025-04488

5. Indicate Type of Lease

STATE



FEE ☐

6. State Oil & Gas Lease No.

N/A

7. Lease Name or Unit Agreement Name

BELL RAMSAY (NCT-A)

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

GAS

WELL ☐

WELL ☒

OTHER

2. Name of Operator

CHEVRON U.S.A. INC.

8. Well No.

5

3. Address of Operator

P.O. BOX 1150 MIDLAND, TX 79702 ATTN: P.R. MATTHEWS

9. Pool name or Wildcat

EUMONT

4. Well Location

Unit Letter U : 660 Feet From The SOUTH Line and 660 Feet From The WEST Line
Section 4 Township 21S Range 36E NMPM LEA County

10. Elevation(Show whether DF, RKB, RT, GR, etc.)

3583' GE

11 Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐

PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐

CHANGE PLANS ☐

PULL OR ALTER CASING ☐

OTHER:

ADD PERFS AND STIMULATE ☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐

COMMENCE DRILLING OPNS. ☐

CASING TEST AND CMT JOB ☐

OTHER: ☐

ALTER CASING ☐

PLUG AND ABAN. ☐

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.

IT IS PROPOSED TO:

PERF THE FOLLOWING; 3308'-12' & 3326'-32'.

ACIDIZE EACH PERF WITH 150 GALLONS OF 15% NEFE. SWAB BACK ACID.

TIH AND SET PACKER AT 3246'. FRAC NEW PERFS WITH 51,100 GALS. OF GELLED WATER.

AND 160 TONS CO2 & 192,000 # OF SAND.

FLOW WELL BACK. CLEAN OUT SAND IN WELL BORE.

RETURN TO PRODUCTION.

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

SIGNATURE

P.R. Matthews

TITLE

TECH. ASSISTANT

DATE: 6-01-92

TYPE OR PRINT NAME

P.R. MATTHEWS

TELEPHONE NO. (915)687-7812

APPROVED BY

TITLE

DATE

JUN 03 '92

CONDITIONS OF APPROVAL, IF ANY: