

DISTRICT 1

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

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 BELL RAMSEY NCT-A	
1. Type of Well: OIL _____ GAS _____ WELL ☐ WELL ☒ OTHER _____		8. Well No. _____ 9. Pool name or Wildcat EUMONT GAS POOL	
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 <u> L </u> : <u> 2155 </u> <u> 4620 </u> Feet From The <u> N </u> <u> SOUTH </u> Line and <u> 660 </u> Feet From The <u> WEST </u> Line Section <u> 4 </u> Township <u> 21 SOUTH </u> Range <u> 36E </u> NMPM <u> LEA </u> County _____			
		10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3570' GL	
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: _____ ☐		SUBSEQUENT REPORT OF: REMEDIAL WORK ☐ ALTER CASING ☐ COMMENCE DRILLING OPNS. ☐ PLUG AND ABAN. ☐ CASING TEST AND CMT JOB ☐ OTHER: <u> ADD PERFS, ACDZ & FRAC </u> ☒	

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 08/23/94. MIRU, ND WH, NU BOP. CLEAN OUT F/3421'-3557'. PUMP 750 GALS 15% NEFE ACD. SPOT ACD TO PERFS 3510' TO 3520' W/500 GALS 15% NEFE ACD. FRAC QUEEN PERFS W/41250 GALS 50Q CO2 LINEAR GEL & 152,000 LBS 12/20 BRADY SD. FLUSH. SWAB. PERF F/3086'-3005'. SPOT ACID ACROSS NEW PERFS. FRAC NEW PERFS W/40850 GALS 50Q CO2 LINEAR GEL & 152,000 LBS 12/20 BRADY SD. FLUSH. ND BOP. NU WH. SWAB. RD MO PU. TURN WELL OVER TO PRODUCTION 09/02/94.

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

SIGNATURE  TITLE TECH. ASSISTANT

DATE: 09/29/94

TYPE OR PRINT NAME **WENDI KINGSTON**

TELEPHONE NO. (915)687-7826

APPROVED BY _____ TITLE _____

DATE _____

CONDITIONS OF APPROVAL, IF ANY:

007 03 1994