Submit 3 Copies to Appropriate

State of New Mexico Energy, Minerals and Natural Resources Department OIL CONSERVATION DIVISION

Form C-103 Revisied 1-1-89

District Office

CONDITIONS OF APPROVAL, IF ANY:

OIL CONCENTATION DIVISION	
P.O. Box 2088	
Santa Fe, New Mexico 87504-208	38
P.O. Box 1980, Hobbs, NM 88240 DISTRICT II	
P.O. Drawer Dd, Artesia, NM 88210	API NO. (assigned by OCD on New Wells)
	30-025-04638
DISTRICT III 1000 Rio Brazos Rd., Aztec, Nm 87410	5. Indicate Type of Lesse STATE FEE X
	6. State Oil & Gas Lease No.
	N/A
SUNDRY NOTICES AND REPORTS ON WELLS	
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG B DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"	PACK 7. Lease Name or Unit Agreement Name
(FORM C-101) FOR SUCH PROPOSALS.)	H. C. COLLINS
1. Type of Well:	
OIL GAS	
WELL X OTHER	
2. Name of Operator CHEVRON U.S.A. INC.	8. Well No.
3. Address of Operator	9. Pool name or Wildcat
P.O. BOX 1150 MIDLAND, TX 79702 ATTN: NITA RICE	EUMONT YATES 7 RVRS QUEEN
4. Well Location Unit Letter K: 1980 Feet From The SOUTH Line s	1000
14	265
Township 215 Range 10. Elevation(Show whether DF, RKB, RT, GR,	
3653' GR	
11 Check Appropriate Box to Indecate Nature of Notice, Report, or	Other Data
NOTICE OF INTENTION TO	IT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK	ALTER CASING
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS.	PLUG AND ABAN.
PULL OR ALTER CASING CASING TEST AND CMT JOB	- COU AND ADAM.
OTHER: ADD PERFS & FRAC X OTHER:	<u></u>
SAME ZONE	
12. Describe Proposed or Completed Operations(Clearly state all pertinent details, and give pertinent dates, include	lina
esticated date of starting any proposed work) SEE RULE 1103.	ung
WE PROPOSE TO:	
	TDG - DULLIN
MIRU PU, POOH W/RODS & PMP. ND WH,NU BOP. POH W/PROD	
SET RBP @ +-3400', PERF 3103-3110, 3172, 6 HOLES. ACDZ I	PERFS 3089,3103,3110, 3172 & 3240
WITH 750 GALS 15% NEFE HCL. SWAB. FRAC PERFS 2926-324	
CO2 LINEAR GEL & 152,000 LBS 12/20 BRADY SAND. FLOW BA	ACK & SWAB. RUN PROD
TBG, ND BOP, NU WH, TURN OVER TO PRODUCTION.	•
	en de la companya de
	••
	•
I hereby certify that the information above is true and complete to the best of my knowledge and belief.	
SIGNITURE TITLE TECHNICAL ASSISTANT	DATE: 2/2/94
TYPE OR PRINT NAME NITA RICE	TELEPHONE NO. (915)687-7436
ONGINAL SIGNED BY JERRY SEXTON APPROVED BY DISTRICT I SUPERVISOR	FEB 0 8 1994
APPROVED BY DISTRICT T SOPER VISOR	DATE FED UO 133T