

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) <b>30-025-0457</b>	
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 <b>HARRY LEONARD (NCT-A)</b>	
8. Well No. <b>3</b>	
9. Pool name or Wildcat <b>EUMONT</b>	

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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 <b>CHEVRON U.S.A. INC.</b>	
3. Address of Operator <b>P.O. BOX 1150 MIDLAND, TX 79702 ATTN: NITA RICE</b>	
4. Well Location Unit Letter <b>B</b> : <b>660</b> Feet From The <b>NORTH</b> Line and <b>1980</b> Feet From The <b>EAST</b> Line Section <b>22</b> Township <b>21S</b> Range <b>36E</b> NMPM <b>LEA</b> County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) <b>3597' GL</b>	

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
<b>NOTICE OF INTENTION TO:</b> PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> OTHER: <input type="checkbox"/>	<b>SUBSEQUENT REPORT OF:</b> REMEDIAL WORK <input type="checkbox"/> ALTER CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> PLUG AND ABAN. <input type="checkbox"/> CASING TEST AND CMT JOB <input type="checkbox"/> OTHER: <b>FRAC TREAT</b> <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 PERFORMED 8-5 THRU 8-12-94  
ND WH, NU BOP, FRAC PERFS 3495-3695 W/117,000 GALS & 366,000# SD. FLOW  
& SWAB BACK LOAD. RUN TBG & TURN OVER TO PRODUCTION

I hereby certify that the information above is true and complete to the best of my knowledge and belief.			
SIGNATURE	<b>Nita Rice</b>	TITLE	<b>TECHNICAL ASSISTANT</b>
DATE:		<b>08/23/94</b>	
TYPE OR PRINT NAME		<b>NITA RICE</b>	
TELEPHONE NO.		<b>(915)687-7436</b>	
APPROVED BY		DATE	
CONDITIONS OF APPROVAL, IF ANY:		<b>SEP 01 1994</b>	

RECEIVED

AUG 26 1964

OFFICE OF THE  
DIRECTOR