Submit 3 Copies to Appropriate

Form C-103 Revisied 1-1-89

District Office

P.O. Box 2088

DISTRICT I

TILLE OF HOM MOXICO							
Energy, Mine	erals and Natur	al Resources	Department				
OIL CON	ISERVATI	ON DIVI	SION				

Santa Fe, New Mexico 87504-2088

P.O. Box 1980, Hobbs, NM 88:	240							
DISTRICT II  P.O. Drawer Dd, Artesia, NM 88	2240			1	d by OCD on New Wells)			
DISTRICT III	3210			30-025-04				
1000 Rio Brazos Rd., Aztec, Nn	87410			5. Indicate Type PRIVATE	STATE	FEE		
				6. State Oil &	Gas Lease No.			
				N/A				
		ND REPORTS ON WEL						
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"					7. Lesse Name or Unit Agreement Name W. A. RAMSEY (NCT-B)			
1. Type of Well:	(FORM C-101) FOR SUCH PROPOSALS.) Type of Well:							
OIL	GAS							
WELL	WELL X OTH	ER						
2. Name of Operator CHEVRON	U.S.A. INC.			8. Well No.	1			
3. Address of Operator	· · · · · · · · · · · · · · · · · · ·					9. Pool name or Wildcat		
	P.O. BOX 1150 MIDLAND, TX 79702 ATTN: NITA RICE					EUMONT(PRO GAS)		
4. Well Location Unit Letter	F : 198	O Feet From The	NORTH Lin	ne and 1980	D Feet From The WE	ST Line		
Section	25	Township 21S		nge 36E	NMPM LEA	County		
		10. Elevation(Show whether	DF, RKB, RT, GR, etc	c.)				
			3553' GL					
11		to Indecate Nature of Notice			<u> </u>			
	F INTENTION TO:			NT REPORT OF:		_		
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL W	/ORK		ALTER CASING			
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE	DRILLING OPNS.		PLUG AND ABAN.			
PULL OR ALTER CASING		CASING TES	T AND CMT JOB					
OTHER:		OTHER:	REENTRY			X		
12 Describe Proposed or Com-	eleted Operations(Clearly state all perti							
esticated date of starting am	proposed work) SEE RULE 1103.	nent details, and give partingnt da	Kee, including					
WORK ST	ARTED 04/28/94. MIRU	PU, ND WH, NU BOP.	D/O PLUGS.					
D/O TO 3551'. SET PKR @3260'. MIX & PUMP 100 SX CL P CMT. BLEED PRESS OFF.								
D/O CMT TO 3400'. PERF F/3332'-2799'. SET CIBP @3350'. ACDZ PERFS W/150 GALS HCL-NEFE.								
	FS W/3000 GALS 7% H							
	3,000 LBS 12/20 SD. FLO							
	L OVER TO PRODUCTIO		o no i o.					
I hereby certify that the triplinate						···		
SIGNITURE	MUNION DICE	est of my knowledge and belief.	SSISTANT	DATE	OE /21 /04			
- MAR	- your	STITLE FECH. A	0010 I ANI	DATE:	05/31/94	·		
TYPE OR PRINT NAME	WENDÍ KĬNGSTON		·	TELEPHONE NO.	(915)687-7436			
	<del></del>				. 14			
APPROVED BY		TITLE	1	DATE				
CONDITIONS OF APPROVAL, IF	ANY:							

OCH CHAP