

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO.

35-025-04797

5. Indicate Type of Lease

STATE ☐

FEE ☒

6. State Oil & Gas Lease No.

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

1. Type of Well:

OIL ☐

GAS

WELL ☒

OTHER ☐

W. A. Ramsay (NCT-A)

2. Name of Operator

Chevron U.S.A., Inc.

8. Well No.

29

3. Address of Operator

P. O. Box 1150, Midland, TX 79702

9. Pool name or Wildcat

Eumont Gas

4. Well Location

Unit Letter A : 610 Feet From The South Line and 660 Feet From The East Line

Section 27

Township 22N

Range 36E

NMPM Dea

County

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

3542' GR

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK ☐

PLUG AND ABANDON ☐

REMEDIAL WORK ☐

ALTERING CASING ☐

TEMPORARILY ABANDON ☐

CHANGE PLANS ☐

COMMENCE DRILLING OPNS. ☐

PLUG AND ABANDONMENT ☐

PULL OR ALTER CASING ☐

CASING TEST AND CEMENT JOB ☐

OTHER: ☐

OTHER: PB to Eumont Gas ☒

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.

POH w/production equipment.

Set CIBP @ 3725', cap w/10' cement.

Run CBL-CET-CCL 3725'-1500' w/500# on casing.

Perf 3122'-3500' w/4" (2JHPF)

Acidize w/1800 gals 15% HCL, Swab.

Frac w/45,000 gals gel, 27,000# sand; tag sand @ 3307', swab.

TIH w/production tubing to 3101'.

Clean out sand to 3422', circ. clean.

Work performed 2/3/94 - 2/11/94

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

SIGNATURE

J. K. Ripley

TITLE

T.A.

DATE 4/20/94

TYPE OR PRINT NAME

TELEPHONE NO.

(This space for State Use)

APPROVED BY

TITLE

DATE

APR 23 1994

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

APR 3 1936

OFFICE