Submit 3 Copies To Appropriate District  State of New Mexico	Form C-103 Revised March 25, 1999
Office Energy, Minerals and Natural Resources District I 1625 N. French Dr., Hobbs, NM 87240	WELL API NO.
District II OIL CONSERVATION DIVISION	30-025-04800 5. Indicate Type of Lease
811 South First, Artesia, NM 87210  District III  2040 South Pacheco	STATE X FEE
1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, NM 87505 District IV	6. State Oil & Gas Lease No.
2040 South Pacheco, Santa Fe, NM 87505	
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 Well  Gas Well  Other	W. A. RAMSAY (NCT-A)
2. Name of Operator	8. Well No.
Chevron U.S.A. Inc.	9. Pool name or Wildcat
3. Address of Operator P.O. Box 1150 Midland, TX 79702	EUMONT: YATES-7 RVRS-OUSEN (OIL)
4. Well Location	
Unit Letter K : 1980 feet from the SOUTH line and	1980 feet from the WEST line
Section 27 Township 218 Range 368	NMPM County LEA
10. Elevation (Show whether DR, RKB, RT, GR, et	c.)
11. Check Appropriate Box to Indicate Nature of Notice,	Report, or Other Data
NOTICE OF INTENTION TO: SUB	SEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK	☐ ALTERING CASING ☐
TEMPORARILY ABANDON	ING OPNS. PLUG AND ABANDONMENT
PULL OR ALTER CASING	
OTHER: OTHER:	
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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation.  TAGGED CIBP @ 3684'. CIRC HOLE W/PEA MID. SPOTTED 35 SX CMT @ 3684'. SPOTTED 25 SX CMT @ 2680'. SPOTTED 25 SX CMT @ 1650'. CIRC 5-1/2" CSG FULL OF CMT.  SET MARKER, CLEANED LOCATION.  PEA'D 11/16/01	
Per D II/I0/01	
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I hereby certify that the information above is true and complete to the best of my knowledge and believed to the best of my knowledge and the my knowledge and t	
SIGNATURE J.K. RIPLLY TITLE REGULATORY O.A.	DATE12/19/01
·	Telephone No. (915)687-7148
Type or print name J. K. RTPLEY  (This space for State use).	
APPROVED BY TITLE Conditions of approval, if any:	DATE
GWW '	<b>^^</b>