Form C-103 State of New Mexico Submit 3 Copies To Appropriate District Revised March 25, 1999 Office Energy, Minerals and Natural Resources District I WELL API NO. 1625 N. French Dr., Hobbs, NM 87240 30-025-04801 District II OIL CONSERVATION DIVISION 5. Indicate Type of Lease 811 South First, Artesia, NM 87210 2040 South Pacheco District III FEE \square STATE 😠 Santa Fe. NM 87505 1000 Rio Brazos Rd., Aztec, NM 87410 District IV 6. State Oil & Gas Lease No. 2040 South Pacheco, Santa Fe, NM 87505 7. Lease Name or Unit Agreement Name: 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.) 1. Type of Well: W. A. RAMSAY (NCT-A) Gas Well Other Oil Well 8. Well No. 2. Name of Operator Chevron U.S.A. Inc. 9. Pool name or Wildcat 3. Address of Operator EUMONT; YATES-7 RVRS-QUEEN (PRO GAS) P.O. Box 1150 Midland, TX 79702 4. Well Location 660 line feet from the 660 feet from the NORTH line and Unit Letter ___ County **NMPM** LEA Township 21S Range Section 27 10. Elevation (Show whether DR, RKB, RT, GR, etc.) 11. Check Appropriate Box to Indicate, Nature of Notice, Report, or Other Data SUBSEQUENT REPORT OF: NOTICE OF INTENTION TO: **ALTERING CASING** REMEDIAL WORK PLUG AND ABANDON PERFORM REMEDIAL WORK COMMENCE DRILLING OPNS. PLUG AND **CHANGE PLANS TEMPORARILY ABANDON** ABANDONMENT CASING TEST AND **PULL OR ALTER CASING MULTIPLE** CEMENT JOB COMPLETION \mathbf{x} OTHER: ADDED PERFS 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. POH W/PROD EQPT. TAGGED PBTD @ 3893'. PERFD 3018'-3692' W/3 JHPF. ACZD W/4000 GALS 7-1/2% & 350 RCNB'S. FRACD W/137,000 GALS GEL & 315,000# SD. CO TO 3700'. RIH W/TBG, PUMP & RODS; TBG @ 3665'. RETURNED WELL TO PRODUCTION. WORK PERFORMED 6/25/01 - 7/12/01 I hereby certify that the information above is true and complete to the best of my knowledge and belief. 8/6/01 DATE_ **SIGNATURE** ` y

TITLE

Telephone No.

DATE

(915) 687-7148

Type or print name J. K. RIPLEY

(This space for State use)

Conditions of approval, if any:

APPROVED BY