Form C-103 State of New Mexico Submit 3 Copies To Appropriate District Energy, Minerals and Natural Resources Revised March 25, 1999 Office District I WELL API NO. 1625 N. French Dr., Hobbs, NM 87240 30-025-04802 District II OIL CONSERVATION DIVISION 811 South First, Artesia, NM 87210 5. Indicate Type of Lease 2040 South Pacheco District III 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 7. Lease Name or Unit Agreement Name: (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 X Other Oil Well 8. Well No. 2. Name of Operator 43 Chevron U.S.A. Inc. 9. Pool name or Wildcat 3. Address of Operator ELMONT; YATES-7 RVRS-QUEEN (PRO GAS) P.O. Box 1150 Midland, TX 79702 4. Well Location _ feet from the_ NORTH line line and 660 feet from the Unit Letter ___ County LEA **NMPM** Range 36€ 27 Section 10. Elevation (Show whether DR, RKB, RT, GR, etc.) 3551' 11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data SUBSEQUENT REPORT OF: NOTICE OF INTENTION TO: **ALTERING CASING REMEDIAL WORK** PERFORM REMEDIAL WORK PLUG AND ABANDON **PLUG AND** COMMENCE DRILLING OPNS. CHANGE PLANS **TEMPORARILY ABANDON ABANDONMENT** CASING TEST AND **MULTIPLE PULL OR ALTER CASING** CEMENT JOB COMPLETION \mathbf{x} OTHER: PB TO EUMONT 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 CIEP @ 3720'; TSTD CSG TO 550#. PERFD 3079'-3291' W/3 JHPF. ACZD W/2600 GALS 15% HCL. SWABBED. FRACD W/57,000 GALS FOAM & 175,000# SD. TAGGED SD @ 3577'. SWABBED. 3215'. RETURNED WELL TO PRODUCTION. WORK PERFORMED 9/7/00 - 9/21/00 I hereby certify that the information above is true and complete to the best of my knowledge and belief. DATE 10/12/00 SIGNATURE. Telephone No. Type or print name .T. **U**RIGINA! (This space for State use) DIT APPROVED BY_ TITLE Conditions of approval, if any:

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