

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240DISTRICT II
P.O. Drawer DD, Artesia, NM 88210DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410OIL CONSERVATION DIVISION
310 Old Santa Fe Trail, Room 206
Santa Fe, New Mexico 87503

WELL API NO. <u>30-025-04887</u>
5. Indicate Type of Lease STATE ☒ FEE ☐
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name <u>ARNOTT RAMSAY NCT-D</u>
8. Well No. <u>6</u>
9. Pool name or Wildcat <u>JALMAT; TAN-YATES-7 RURS</u> (or 2)
10. Elevation (Show whether DF, RKB, RT, GR, etc.) <u>3570 GL</u>

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: OIL WELL ☒ GAS WELL ☐ OTHER
2. Name of Operator <u>CHEVRON USA PRODUCTION</u>
3. Address of Operator <u>P.O. Box 1150, MIDLAND, TX 79702</u>
4. Well Location Unit Letter <u>K</u> : <u>1980</u> Feet From The <u>SOUTH</u> Line and <u>1980</u> Feet From The <u>WEST</u> Line Section <u>33</u> Township <u>21S</u> Range <u>36E</u> NMPM <u>21A</u> County
10. Elevation (Show whether DF, RKB, RT, GR, etc.) <u>3570 GL</u>

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK ☐	REMEDIAL WORK ☐
TEMPORARILY ABANDON ☒	ALTERING CASING ☐
PULL OR ALTER CASING ☐	COMMENCE DRILLING OPNS. ☐
OTHER: ☐	PLUG AND ABANDONMENT ☐
	CASING TEST AND CEMENT JOB ☐
	OTHER: <u>T-AID WELL 10/22/97</u> ☒

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.

C.D.H. - JALMAT & Eunice SOUTH
Perfs @ 3278'-3858' SET CIBP @ 3700' EUN-SOUTH 2A
Perfs @ 3377'-3393' SET CIBP @ 3300' JALMATA
5 1/2" 14# CSG SET @ 3880'
LOADED HOPE WITH PACKER FLUID, CIRCULATED CLEAN
TESTED TO 520#, PRESS. INCREASED TO 540# IN 30 MINUTES
WELL IS NOW T-AID

This Approval of Temporary
Abandonment Expires 2/11/2003

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

SIGNATURE Felix Trevino TITLE PRODUCTION SPECIALIST DATE 10/22/97
TYPE OR PRINT NAME FELIX TREVINO TELEPHONE NO. 505-394-1245

(This space for State Use)

ORIGINAL SIGNED BY CHRIS WILLIAMS
DISTRICT I SUPERVISORAPPROVED BY _____ TITLE _____ DATE 10 19 1997

CONDITIONS OF APPROVAL, IF ANY:

JCJSK

JCSK

