Submit 3 Copies to Appropriate District Office

DISTRICT I
P.O. Box 1980, Hobbs NM 88241-1980

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

Form C-103
Revised 1-1-89

WELL API NO. 30-025-04902

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: W. A. RAMSAY NCT-A

1. Type of Well: OIL WELL ☑ GAS WELL ☐ OTHER

8. Well No. 38

2. Name of Operator: Chevron U.S.A. Inc.

9. Pool name or Wildcat: ~~Eunice; T-Rvrs-QN, South~~ Eumont

3. Address of Operator: P.O. Box 1150, Midland, TX 79702

4. Well Location
Unit Letter L : 1980 Feet From The S Line and 660 Feet From The W Line

Section 34 Township 21S Range 36E NMPM County

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

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: T-A WELL	☑		

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.

PERFS @ 3771' — 3885'
5 1/2" CSG 14# SET @ 3900'
CIBP SET @ 3674' DID NOT TEST, SET 2ND CIBP @ 3562' WITH OCD APPROVAL (GARY WINK)
LOADED HOLE WITH PACKER FLUID
TESTED TO 540#, 30 MINUTES, BLEED DOWN TO 520#
6/16/97

This Approval of Temporary Abandonment Expires 6-8-2002

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 6/16/97

TYPE OR PRINT NAME Felix Trevino TELEPHONE NO. 505-394-1245

(This space for State Use)

ORIGINAL SIGNED BY CHRIS WILLIAMS
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

IC