

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

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

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

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

WELL API NO. 30-025-04915
5. Indicate Type of Lease STATE ☒ FEE ☐
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name W.A. RAMSAY (NET - A)
8. Well No. 10
9. Pool name or Wildcat EUMONT GAS

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 CHEVRON USA, INC.	
3. Address of Operator P.O. BOX 1150 MIDLAND TX 79702	4115-A
4. Well Location Unit Letter K : 1980 Feet From The SOUTH Line and 1980 Feet From The WEST Line Section 35 Township 21 S Range 36 E NMPM LEA County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3587 GR.	

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: PLUG BACK, PERF, ADD, FRAC ☒

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.
MIRU, POOH w/PROD EQUIP CO/WH, RAN LOGS, DUAL SPACED NEUTRON -GR. SET CIRC @ 3749, STING INTO AND DUMP 300 SKS/CR. 258 SKS/SPZ BELOW CIRC, STING OUT w/47 SKS. C/O w/BIT TO 3746. RIH w/4" ESG/PERF 0° PAWASHING, 1 JHPF, 3014-3710. 19 HOLES. SET PKR @ 2950 ACBZ PERFS 3014-3710 w/3000 GALS NEPE 150%, SWB/TST. RIH w/PKR SET @ 2960, FRAC/PERFS 3014-3710 w/88,000 GR 50/50 AL-GEL/C. 177,000# 12-20 SD. C/O FILL TO PBD. TST/ESG TO 500 PSI -OK RETURN TO PRODUCTION. 6-27-91

CORRECTED API # 30-025-04915

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

SIGNATURE [Signature]	TITLE Dir. Engr.	DATE 7-2-91
TYPE OR PRINT NAME		TELEPHONE NO.

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: