

Submit 3 Copies
to Appropriate
District Office

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

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

API NO. (assigned by OCD on New Wells)

30-025-04922

6. Indicate Type of Lease

STATE



FEE



6. State Oil & Gas Lease No.

B-1732

7. Lease Name or Unit Agreement Name

W. A. RAMSAY (NCT-A)

8. Well No.

3

9. Pool name or Wildcat

EUMONT/7RVRS/QUEEN

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

GAS

WELL



WELL



OTHER

2. Name of Operator

CHEVRON U.S.A. INC.

3. Address of Operator

P.O. BOX 1150 MIDLAND, TX 79702 ATTN: NITA RICE

4. Well Location

Unit Letter

Section

35

660 Feet From The

SOUTH

Line and

1980 Feet From The

EAST

Line

Township

21 SOUTH

Range

36E

NMPM

LEA

County

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

3568' GL

11 Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data:

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK



PLUG AND ABANDON



TEMPORARILY ABANDON



CHANGE PLANS



PULL OR ALTER CASING



OTHER:

FRAC STIM



SUBSEQUENT REPORT OF:

REMEDIAL WORK



ALTER CASING



COMMENCE DRILLING OPNS.



PLUG AND ABAN.



CASING TEST AND CMT JOB



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.

WE PROPOSE TO: MIRU PU, ND WH, NU BOP. SET TBG PLUG NEAR 3200'. PERF/PUNCH
HOLES IN TBG. SWAB TO TANK. PERF AT 3224', 3278', 3329'. ACDZ EACH SET W/4 BBLs
15% NEFE HCL. SWAB. FRAC PERFS F/3224'-3710' W/94,500 GALS 70/55Q CO2 GEL AND
319,000LBS 12/20 BRADY SD. FLUSH. ND BOP, NU WH. RD PU. TURN WELL OVER TO PROD.

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

SIGNATURE

Wendi Kingston

TITLE

TECH. ASSISTANT

DATE: 08/31/94

TYPE OR PRINT NAME

WENDI KINGSTON

TELEPHONE NO. (915)687-7826

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT SUPERVISOR

APPROVED BY

TITLE

DATE SEP 02 1994

CONDITIONS OF APPROVAL, IF ANY: