Submit 3 Copies

to Appropriate

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revisied 1-1-89

District Office

OIL CONSERVATION DIVISION

OIL CONSERVATION DIVISION	
P.O. Box 2088 DISTRICT I	
DISTRICT Santa Fe, New Mexico 87504-2	088
DISTRICT II	API NO. (assigned by OCD on New Wells)
P.O. Drawer Dd, Artesia, NM 88210 DISTRICT III	30-025- 6667 CCC 1
1000 Rio Brazos Rd., Aztec, Nm 87410	5. Indicate Type of Lease
	STATE X FEE
	6. State Oil & Gas Lease No.
	N/A
SUNDRY NOTICES AND REPORTS ON WELLS	William William Control of the Contr
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"	Old Child Manue
(FORM C-101) FOR SUCH PROPOSALS)	EUNICE COM.
OII	
WELL SVA	
2. Name of Operator	
CHEVRON U.S.A. INC.	B. Well No.
3. Address of Operator	11
P.O. BOX 1150 MIDLAND, TX 79702 ATTN: P.R. MATTHEWS	9. Pool name or Wildcat EUMONT GAS
4. Well Location	LEGINONT GAS
Section 19	Line and1980 Feet From The WEST Line
	Bange 37E
	e(c.)
11 Check Appropriate Box to Indecate Nature of Notice, Report, or Oth	her Data
SUBSEQU	ENT REPORT OF:
TEMPORABILY ANALYSON	ALTER CASING
PULL OR ALTER CASING CHANGE PLANS COMMENCE DRILLING OPNS.	PLUG AND ABAN.
OTHER: CASING TEST AND CMT JOB	
OTHER: PERF AND F	FRAC
12. Describe Proposed or Completed Operations(Clearly state all pertinent details, and give pertinent dates, including	
esticated date of starting any proposed work) SEE RULE 1103.	
TOH W/PROD EQUIP. TIH FRAC PENROSE PERFS 3476-3580 W/61,0	000 GALS
OF 50-50 X-L GEL AND CO2 AND 120,000 # OF SAND.	
FLOW WELL BACK.	
PERF 3356-3376 W/4" GUNS, 180 DEG PHSD, 2 JHPF, 40 HOLES.	
ACD2 3445-3278 W/300 GALS OF 15% NEFE.	
FRAC QUEEN PERFS 3356-3386 W/ 10,000 GALS OF 50-50 X-L GEL	CO2 AND
18,000# OF SAND, FLOW WELL BACK.	COZ AND
CLEAN SAND OUT TO 3640'.	
TIH W/PKR AND TBG. SET PKR AT 3314' EOT 3653.	
SWB/TST PENROSE AND QUEEN PERFS 3356-3580.	
RETURN TO PRODUCTION ON 12-07-91	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.	
SIGNITURE F.K. Mathle TITLE TECH. ASSISTANT	DATE: 12-10-91
TYPE OR PRINT NAME P.R. MATTHEWS	
COLWATTICWS	TELEPHONE NO. (915)687-7812
APPROVED OU	
CONDITIONS OF APPROVAL, IF ANY:	DATE
THE TOTAL PROPERTY:	