Submit 3 Copies to Appropriate

State of New Mexico Energy, Minerals and Natural Resources Department OIL CONSERVATION DIVISION

Form C-103 Revisied 1-1-89

District Office

CONDITIONS OF APPROVAL, IF ANY:

P.O. Box 2088		
DISTRICT I Santa Fe, New Mexico 87504-2088		
P.O. Box 1980, Hobbe, NM 88240		
DISTRICT II	API NO. (assigned by OCD on New Wells) 30-025-08718	
P.O. Drawer Dd, Artesia, NM 88210	5. Indicate Type of Lease	
DISTRICT III	STATE FEE X	
1000 Rio Brazos Rd., Aztec, Nm 87410		
	6. State Oil & Gas Lease No.	
	N/A	
SUNDRY NOTICES AND REPORTS ON WELLS	<u>Minger Schallandin in del del del del se del del del del del del del del del de</u>	
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A	7. Lease Name or Unit Agreement Name W. A. RAMSAY (NCT-A)	
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"	W. A. Ibania	
(FORM C-101) FOR SUCH PROPOSALS.)	+	
1. Type of Well: GAS		
WELL X OTHER		
2. Name of Operator	B. Well No.	
CHEVRON U.S.A. INC.	17	
3. Address of Operator	9. Pool name or Wildcat	
P.O. BOX 1150 MIDLAND, TX 79702 ATTN: NITA RICE	EUMONT/YATES	
4. Well Location	1980 Feet From The EAST	Line
Unit Letter 21 SOUTH Range		County
Section 27 Township 2 I SUUT H Hange 10. Elevation(Show whether DF, RKB, RT, GR, etc.)	Marithan mari	
3574' GL	den Maria de la Companya de la Comp	
11 Check Appropriate Box to Indecate Nature of Notice, Report, or Other Data		
NOTICE OF INTENTION TO: SUBSEQUENT RE	EPORT OF:	,
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK	ALTER CASING	
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS.	PLUG AND ABAN.	
CAMING TEST AND CMT IOR	7	
PULL OR ALTER CASING OTHER: FRAC STIM	X	
OTHER:		
12. Describs Proposed or Completed Operations(Clearly state all pertinent details, and give pertinent dates, including		
esticated date of starting any proposed work) SEE RULE 1103.		
	0.70/500	
WORK STARTED 09/27/94. MIRU ND WH, NU BOP. FRAC W/97,000 GAL	.S 70/50Q	
CO2 40# GEL & 343,300 LBS 12/20 BRADY SD. FLUSH. FLOW BACK.		
ND BOP, NU WH. TURN WELL OVER TO PRODUCTION 10/14/94.		
1		
I hereby certify that the introduction above is frue and complians to the body Showledge and belief.	DATE: 11/2/94	
SIGNITURE SIGNITURE TECH. ASSISTANT	VAIL. 112/07	
TYPE OR PRINT NAME WENDI KINGSTON	TELEPHONE NO. (915)687-7826	
CHCELT SCHOOL SAL	- 1 24 0 1 400L	
TITLE	DATE 137 0 1 1994	