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									
			P.O. Bo	x 2088					
DISTRICT I			Santa Fe, Nev	w Mexico 87504-2	2088				
	Hebbs, NM 88240								
<u>DISTRICT II</u>						API NO. (assigned by OCD on New Wells)			
P.O. Drawer Dd	I, Artesia, NM 88210					5. Indicate Type			
DISTRICT III 1000 Rio Brazos Rd., Aztec, Nm 87410						STATE FEEX			
						6. State Oil & G	ss Lease No.		
				00114/5110		N/A			
SUNDRY NOTICES AND REPORTS ON WELLS						7 James Name of	r Unit Agreement I	//////////////////////////////////////	
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"						W. A. RAMSAY (NCT-A)			
			FOR SUCH PROPOSAL						
1. Type of We	eli:								į
OIL		GAS							
WELL		WELL X	OTHER			B. Well No.			
2. Name of Op	CHEVRON U.	S.A. INC.					17		
3. Address of Operator						9. Pool name or Wildcat EUMONT/YATES			
P.O. BOX 1150 MIDLAND, TX 79702 ATTN: NITA RICE						EOMON1/TATES			
4. Well Locatio Unit Letter	on.	J :	1980 Feet From The	SOUTH	Line and		Feet From The	EAST	Line
Section	27		Township	21 SOUTH	Renge	36E	NMPM	LEA	County
The State State Services	energial) Ma		10. Elevation	(Show whether DF, RKB, RT, C 3574' GL					
11		Check Appropri	iste Box to Indecate Nat	ture of Notice, Report, or	Other Data			-	_
••	NOTICE OF I	ITENTION TO:		SUBSEC	LUENT RE	PORT OF:			 -
PERFORM REM	IEDIAL WORK	PLUG AND ABAI	NDON	REMEDIAL WORK			ALTER CASING	ļ	
TEMPORARILY	ABANDON	CHANGE PLANS		COMMENCE DRILLING OPN	s.]	PLUG AND ABA	N.	
PULL OR ALTER	R CASING	7		CASING TEST AND CMT JO	98]			
OTHER:	FRAC STIM	_	X	OTHER:					
		10	and all presidents details and a	rive pertinent dates, including	 				
12. Describe f	Proposed or Complete late of starting any pro	posed work) SEE RULE	1103.	give pertinent dates, including					
	W/97,000 G	ALS 70/55Q C	02 40# GEL & 343	. LOAD BS W/2% K0 ,300 LBS 12/20 BR N WELL OVER TO PF	ADY SD. F	LOWBACK.	S 3095'-324	46'	
I hereby certify SIGNITURE	that the industry	als) yng	TITLE	edge and belief. TECH. ASSISTAN	<u>T</u>	DATE:	09/13/94		
TYPE OR PRIN	T NAME	WENDI KIN	GSTON			TELEPHONE NO.	(915)687-	7826	
			po y ≤txyúN - 1152			OF.	P 1 5 199	14	
APPROVED BY		· 	TITLE			DATE SE	L T 1 135	<u></u>	
CONDITIONS	OF APPROVAL, IF AN	Y:							

REFERED

SEF - 1994