Submit 3 Copies to Appropriate District Office

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

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

WELL API NO. 30-025-08719

5. Indicate Type of Lease STATE [X] FEE [ ]

6. State Oil & Gas Lease No. B-1732

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.)

7. Lease Name or Unit Agreement Name: W.A. RAMSAY NCT-A

1. Type of Well: OIL WELL [ ] GAS WELL [X] OTHER

2. Name of Operator: CHEVRON USA INC.

8. Well No. 35

3. Address of Operator: P.O. Box 1150 Midland TX 79702 ATTN: Rm 4111

9. Pool name or Wildcat: Eumont GAS

4. Well Location
Unit Letter N : 1980 Feet From The WEST Line and 660 Feet From The South Line

Section 27 Township 21S Range 36E NMPM LEA County

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3578 GR

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

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK	[ ]	PLUG AND ABANDON	[ ]	REMEDIAL WORK	[ ]	ALTERING CASING	[ ]
TEMPORARILY ABANDON	[ ]	CHANGE PLANS	[ ]	COMMENCE DRILLING OPNS.	[ ]	PLUG AND ABANDONMENT	[ ]
PULL OR ALTER CASING	[ ]			CASING TEST AND CEMENT JOB	[ ]		
OTHER:	[ ]			OTHER: Plugback Recomplete			[X]

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 Tst Csg to 500 psi ck SET CIBP @ 3656' cap w/ 35' cmt. Perf w/ 4" guns select fire total of 26 holes f/ 3138' - 3479'. Acd w/ 100 gals 15% NEFE FRAC perf 3138'-3479' w/ 73000 gals 50/50 x-l-gel CO2 + 139825 #12/20 sd. Flow well TOH workstring TIH set Lok-set pkr @ 3107' turn over to production.

Work started 4/6/91 ended 4/12/91

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

SIGNATURE E.O. Doherty TITLE T.A. Dclg DATE 4/16/91

TYPE OR PRINT NAME E.O. DOHERTY TELEPHONE NO. 915-687-7812

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: