

Submit 3 Copies
to Appropriate
District Office

1

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)

30-025-08720

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

N/A

7. Lease Name or Unit Agreement Name

W. A. RAMSAY (NCT-A)

1. Type of Well:

OIL

GAS

WELL ☐

WELL ☒

OTHER

2. Name of Operator

CHEVRON U.S.A. INC.

8. Well No.

27

3. Address of Operator

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

9. Pool name or Wildcat

EUMONT YATES (PRO GAS)

4. Well Location

Unit Letter

B

:

660

Feet From The

NORTH

Line and

1980

Feet From The

EAST

Line

Section

34

Township

21S

Range

36E

NMPM

LEA

County

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

3575' GR

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:

☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK

☐

ALTER CASING

☐

COMMENCE DRILLING OPNS.

☐

PLUG AND ABAN.

☐

CASING TEST AND CMT JOB

☐

OTHER: PLUG BACK F/EUMONT

☒

QUEEN TO EUMONT YATES (SAME ZONE)

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.

WORK PERFORMED 8-6 THRU 8-13-93

MIRU PU, KILL WELL, ND WH, NU BOP. RELEASE & POH W/PACKER. SET CIBP @ 3629' & CAP W/35' CEMENT. DISP HOLE W/KCL WTR. RUN CBL-CET-GR-CCL LOG F/PBTD TO 1770 PERF 3143-3364 W/2 JHPF, TTL 28 HOLES. ACDZ W/2100 GALS 15% NEFE HCL, SWAB. FRAC PERFS 3143-3364 W/54,500 GALS & 202,000 LBS 12/20 SAND. SWAB. ND BOP, NU WH, TURN OVER TO PRODUCTION

PRODUCTION BEFORE WORKOVER = 42 MCFD

AFTER WORKOVER = 300 MCFD

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

SIGNATURE

Nita Rice

TITLE

TECHNICAL ASSISTANT

DATE: 8/31/93

TYPE OR PRINT NAME

NITA RICE

TELEPHONE NO. (915)687-7436

APPROVED BY

ORIGINAL SIGNED BY JERRY SEXTON

CONDITIONS OF APPROVAL, IF ANY:

DISTRICT I SUPERVISOR

DATE

SEP 07 1993

RECEIVED

SEP 03 1993

**OCD HOBBS
OFFICE**