Submit 3 Copies to Appropriate

District Office

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revisied 1-1-89

OIL CONSERVATION DIVISION

P.O. Box 2088

P.U. Box 2088	
DISTRICT Santa Fe, New Mexico 87504-2088	8
P.O. Box 1980, Hobbs, NM 88240	
DISTRICT II	API NO. (assigned by OCD on New Wells)
P.O. Drawer Dd, Artesia, NM 88210	30-025-25496
DISTRICT III	5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, Nm 87410	STATE X FEE
	6. State Oil & Gas Lease No.
	N/A
SUNDRY NOTICES AND REPORTS ON WELLS	
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BA	A CK 3
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"	ACK 7. Lease Name or Unit Agreement Name
(FORM C-101) FOR SUCH PROPOSALS.)	HARRY LEONARD (NCT-A)
1. Type of Well:	
OIL GAS	······································
WELL OTHER	İ
2. Name of Operator	8. Well No.
CHEVRON U.S.A. INC.	12
3. Address of Operator	9. Pool name or Wildcat
P.O. BOX 1150 MIDLAND, TX 79702 ATTN: NITA RICE	EUMONT (YTS/7RVRS/QN)
I lost larger P 900 COUTU	660 - 507
Section 22 Township 21S Range	36E
10. Elevation/Show whether DF, RKB, RT, GR, etc.	
3565' GL	
11 Check Appropriate Box to Indecate Nature of Notice, Report, or C	Other Date
	T REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK	
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS.	ALTER CASING
BILL OF ALTER CACING	PLUG AND ABAN.
OTHER AND DEDEC & EDAC	<u> </u>
- Office.	
SAME ZONE	
 Describe Proposed or Completed Operations(Clearly state all pertinent details, and give pertinent dates, includin esticated date of starting any proposed work) SEE RULE 1103. 	ng
WE PROPOSE TO:	
	T0.0
MIRU PU, POOH W/RODS & PMP. ND WH,NU BOP. POH W/PROD	IBG. RIH W/
SET RBP @ +-3500', TST CSG TO 300 PSI. RUN CBL-CET-GR-CC	CL LOG F/RBP TO 1500'.
PERF 3081-3243, 20 HOLES. ACDZ PERFS W/1500 GALS 15% N	NEFEHCL. SWAB.
FRAC PERFS 3081-3243 W/45500 GALS 50Q CO2 LINEAR GEL 8	& 197,000 LBS 12/30 BRADY SAND.
FLUSH. FLOW BACK WELL. RUN PROD TBG, ND BOP, NU WH, TL	JRN OVER TO PRODUCTION.
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Legally carrify that the information about	
I hereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNITURE TECHNICAL ASSISTANT	
SIGNITURE TECHNICAL ASSISTANT	DATE: 2/2/94
TYPE OR PRINT NAME NITA RICE	(015)007 7100
	TELEPHONE NO. (915)687-7436
APPROVED BY ORIGINAL SIGNED BY JERRY SEXTON	FEB 9 8 1994
	DATE LD MG 1034
CONDITIONS OF APPROVALIST AND I SUPERVISOR	