

Submit 3 Copies  
to Appropriate  
District Office

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)<br><b>30-025-26167</b>                                       |  |
| 5. Indicate Type of Lease<br>STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/> |  |
| 6. State Oil & Gas Lease No.  |  |
| 7. Lease Name or Unit Agreement Name<br><b>ARNOTT RAMSAY (NCT-D)</b>                                |  |
| 8. Well No.<br><b>15</b>  |  |
| 9. Pool name or Wildcat<br><b>EUMONT/YTS/7RVRS/QN (PRO GAS)</b>                                     |  |
| 10. Elevation(Show whether DF, RKB, RT, GR, etc.)<br><b>3589' GL</b>                                |  |

**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.)

|  |  |
|--|--|
| 1. Type of Well:<br>OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER   |  |
| 2. Name of Operator<br><b>CHEVRON U.S.A. INC.</b>  |  |
| 3. Address of Operator<br><b>P.O. BOX 1150 MIDLAND, TX 79702 ATTN: NITA RICE</b>   |  |
| 4. Well Location<br>Unit Letter <b>B</b> : <b>31D 010</b> Feet From The <b>NORTH</b> Line and <b>1980</b> Feet From The <b>EAST</b> Line<br>Section <b>33</b> Township <b>21 SOUTH</b> Range <b>36E</b> NMPM <b>LEA</b> County<br>10. Elevation(Show whether DF, RKB, RT, GR, etc.)<br><b>3589' GL</b> |  |

|  |  |
|--|--|
| 11 Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data |  |
| <b>NOTICE OF INTENTION TO:</b>   | <b>SUBSEQUENT REPORT OF:</b>                     |
| PERFORM REMEDIAL WORK <input type="checkbox"/>                               | REMEDIAL WORK <input type="checkbox"/>           |
| TEMPORARILY ABANDON <input type="checkbox"/>                                 | COMMENCE DRILLING OPNS. <input type="checkbox"/> |
| PULL OR ALTER CASING <input type="checkbox"/>                                | CASING TEST AND CMT JOB <input type="checkbox"/> |
| OTHER: <b>RE-FRAC STIM 7RVRS/QN</b> <input type="checkbox"/>                 | OTHER: <input checked="" type="checkbox"/>       |

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 STARTED 10/24/94. MIRU, RUN GR/CCL LOG F/3738'-3300'. PERF AT 3585' AND  
3693' AND 3711', C/O. ACDZ W/750 GALS 15% NEFE HCL.  
FRAC PERFS W/68,000 GALS 50Q LINEAR GEL &226,400# SD.  
RIH W/2 3/8" TBG TO 3621'. ND BOP, NU WH. TURN WELL OVER TO PRODUCTION 11/02/94.

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

SIGNATURE *Wendi Kingston* TITLE **TECH. ASSISTANT**

DATE: **07/31/95**

TYPE OR PRINT NAME **WENDI KINGSTON**

TELEPHONE NO. **(915)687-7826**

APPROVED BY

TITLE

DATE **AUG 11 1995**

CONDITIONS OF APPROVAL, IF ANY:

*mp*

SECRET

1996

40288

OFFICE