

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)	30-025-26167
5. Indicate Type of Lease	STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.	N/A
7. Lease Name or Unit Agreement Name	ARNOTT RAMSAY (NCT-D)
8. Well No.	15
9. Pool name or Wildcat	EUMONT/YTS/7RVRS/QN
4. Well Location	Unit Letter <u>B</u> : <u>SID</u> <u>910</u> Feet From The <u>NORTH</u> Line and <u>1980</u> Feet From The <u>EAST</u> Line Section <u>33</u> Township <u>21 SOUTH</u> Range <u>36E</u> NMPM <u>LEA</u> County
10. Elevation(Show whether DF, RKB, RT, GR, etc.)	3589' GL

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:	OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER
2. Name of Operator	CHEVRON U.S.A. INC.
3. Address of Operator	P.O. BOX 1150 MIDLAND, TX 79702 ATTN: NITA RICE
4. Well Location	Unit Letter <u>B</u> : <u>SID</u> <u>910</u> Feet From The <u>NORTH</u> Line and <u>1980</u> Feet From The <u>EAST</u> Line Section <u>33</u> Township <u>21 SOUTH</u> Range <u>36E</u> NMPM <u>LEA</u> County
10. Elevation(Show whether DF, RKB, RT, GR, etc.)	3589' GL

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

WE PROPOSE TO: MIRU PU, ND WH, NU BOP. POH W/TBG. PERF 3585',3693',3711'.
ACDZ EACH SET PERFS W/150 GALS 15% NEFE HCL. LOAD BS W/2% KCL WTR. FRAC PERFS
W/68,000 GALS 50Q CO2 LINEAR GEL & 226,640 LBS 12/20 BRADY SD. FLUSH.
RIH W/TBG. ND BOP, NU WH. TURN WELL OVER TO PRODUCTION.

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

SIGNATURE Wendi Kingston TITLE TECH. ASSISTANT DATE: 09/14/94

TYPE OR PRINT NAME WENDI KINGSTON TELEPHONE NO. (915)687-7826

APPROVED BY Wendi Kingston TITLE TECH. ASSISTANT DATE SEP 16 1994

CONDITIONS OF APPROVAL, IF ANY: