

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

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO.	30-025-27130
1. Indicate Type of Lease	STATE ☒ FEE ☐
6. State Oil & Gas Lease No.	

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 Evans State	
1. Type of Well:	OIL WELL ☐ GAS WELL ☒ OTHER ☐	2. Well No.	6
2. Name of Operator		9. Pool name or Wildcat	
Chevron U.S.A Inc.		Eumont Gas	
3. Address of Operator			
P.O. Box 670, Hobbs, NM 88240			
4. Well Location			
Unit Letter <u>G</u> : 1980 Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>East</u> Line			
Section <u>3</u>	Township <u>21S</u>	Range <u>36E</u>	NMPM Lea County
10. Elevation (Show whether DF, RKB, RT, GR, etc.)			
3506'			

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: Return Queen Gas to production ☒	

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 PU, TOH W/ 2 3/8" PROD TBG RU SANDLINE DRILL BAIL SAND & DRILL ON CIBP F 3400 TO 3410, TIH W/ 2 7/8" NOTCHED CPLG & BD BAILER CO SD 3340-3429 TOH LD BD BAILER RU SANDLINE DRILL & KNOCK OUT CIBP @ 3429 & PUSH TO BTM TIH W/ 2 3/8" PROD TBG W/ PKR UNABLE TO SET PKR TOH W/ TBG, ONSICP-80 PSI BLEED DN PRESSURE TIH W/ 2 3/8" PROD TBG & PKR SET PKR @ 3130 W/10000# TENSION RU SWAB & KICK WELL OFF FLWG TURN OVER TO PROD FOREMAN.

WORK STARTED 3-26-90 WORK ENDED 3-28-90

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

SIGNATURE M. E. Akins 3/30/90 TITLE Staff Drlg. Engr. DATE 3-29-90

TYPE OR PRINT NAME M.E. Akins

TELEPHONE NO. 393-4121

(This space for State Use) ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____
CONDITIONS OF APPROVAL IF ANY:

APR 3 1990
DATE