Submit 3 Copies to Appropriate

District Office

CONDITIONS OF APPROVAL, IF ANY:

State of New Mexico Energy, Minerals and Natural Resources Department Form C-103 Revisied 1-1-89

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088	
P.O. Box 1980, Hobbe, NM 88240 DISTRICT II P.O. Drawer Dd, Artesia, NM 88210	API NO. (sesigned by OCD on New Wells) 30-025-10457
DISTRICT III 1000 Rio Brazos Rd., Aztec, Nm 87410	5. Indicate Type of Lesee PRIVATE STATE FEE
	6. State Oil & Gas Lease No.
SUNDRY NOTICES AND REPORTS ON WELLS	The constitution of the co
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"	7. Lesse Name or Unit Agreement Name GULF SIMS
(FORM C-101) FOR SUCH PROPOSALS.)	
1. Type of Well: OIL GAS	
WELL WELL X OTHER 2. Name of Operator	8. Well No.
CHEVRON U.S.A. INC.	1
3. Address of Operator	9. Pool name or Wildcat
P.O. BOX 1150 MIDLAND, TX 79702 ATTN: WENDI KINGSTON	BLINEBRY OIL & GAS
4. Well Location Unit Letter P: 990 Feet From The SOUTH Line and	660 Feet From The EAST Line
Section 25 Township 22S Range	37E NMPM LEA County
10. Elevation(Show whether DF, RKB, RT, GR, etc.)	
3324' GL	Shirishia ke Mhidir 🔻 💮 seleni ili ili e .
11 Check Appropriate Box to Indecate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK	ALTER CASING
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS.	PLUG AND ABAN.
PULL OR ALTER CASING CASING TEST AND CMT JOB	1
OTHER: PB TO NEW ZONE	[X]
12. Describe Proposed or Completed Operations(Clearly state all pertinent details, and give pertinent dates, including esticated date of starting any proposed work) SEE RULE 1103.	
WORK STARTED 11/11/94. MIRU PU, ND WH, NU BOP, POH W/TBG. PERF F/5504'-5356'	
TOTAL 27 HOLES. ACDZ EEACH PERFS W/3.5 BBLS PER PERF. FRAC PERFS W/43,000	
GALS LINEAR GEL & 60% CO2, 105,000 LBS 16/30 OTTAWA SD. FLOWBACK.	
SWAB. RD PU, ND BOP, NU WH, RIH W/2 3/8" TBG @5260'.	
TURN WELL OVER TO PRODUCTION 11/17/94.	
0 1 .00 2	
I hereby certify that the information above lettra and complete to the best of my knowledge and belief.	
SIGNITURE TECH. ASSISTANT	DATE: 12/21/94
TYPE OR PRINT NAME WENDI KINGSTON	TELEPHONE NO. (915)687-7826
QUICE DAY	DEC 23 1394