

Submit 1 Copy To Appropriate District
Office
District I - (575) 393-6161
1625 N. French Dr., Hobbs, NM 88240
District II - (575) 748-1283
811 S. First St., Artesia, NM 88210
District III - (505) 334-6178
1000 Rio Brazos Rd., Aztec, NM 87410
District IV - (505) 476-3460
1220 S. St. Francis Dr., Santa Fe, NM
87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
Revised August 1, 2011

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

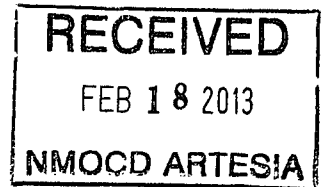
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)		WELL API NO. 30-025-40860
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator Chevron USA, Inc.		6. State Oil & Gas Lease No.
3. Address of Operator 15 Smith Road Midland, TX 79705		7. Lease Name or Unit Agreement Name MCCLOY RANCH 2 24 32 STATE COM
4. Well Location Unit Letter <u>M</u> : <u>100'</u> feet from the <u>South</u> line and <u>400'</u> feet from the <u>West</u> line Section <u>2</u> Township <u>24 S</u> Range <u>32 E</u> NMPM County <u>Lea</u>		8. Well Number 2H
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3632' GR		9. OGRID Number 4323
		10. Pool name or Wildcat TRISTE DRAW; BONE SPRING

12. 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"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input checked="" type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
OTHER: <input type="checkbox"/>		OTHER: <input type="checkbox"/>	

13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

ON 2/10/2013 @ 1830 HRS, FINISHED DRILLING PRODUCTION HOLE TO 14,756'. RAN 5 1/2" 17# P-110 CASING. CMT 5 1/2" CSG AS FOLLOWS: HOLD P.J.S.M. W/ SCHLUMBERGER, SWAP LINES & TEST SAME T/ 5500 psi. PUMP 20 BBL FW SPACER WITH DIE, LEAD CMT 680 sks 257 bbls 12.4 ppg, 35/65 Poz H + add PUMP TAIL CMT 1330 sks 301 bbls 14.5 ppg. Disp. w/338 bbls F/W.FULL RETURNS, CIRC 5 BBL OF FW WITH DIE TO PIT BUMP PLG @ 08:00 W/ 3100 P.S.I. 500 P.S.I. OVER FINAL P.S.I. CHECK FLOATS OK. WOC. ON 02/14/2013 @ 0500 HRS RELEASED RIG.



Spud Date:

Rig Release Date:

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

SIGNATURE Bryan Arrant TITLE Regulatory Specialist II DATE 02/14/2013

Type or print name Bryan Arrant (Agent for Chevron) E-mail address: bryan.arrant@chk.com PHONE: (405)935-3782

For State Use Only

APPROVED BY: [Signature] TITLE Dist. Supervisor DATE 2/19/2013

Conditions of Approval (if any):