

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

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

Form C-103
Revised August 1, 2011

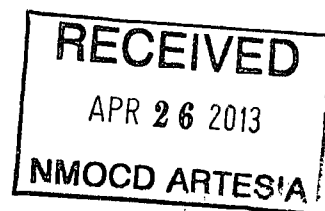
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)		WELL API NO. 30-015-41047
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input 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, U S A, Inc.		6. State Oil & Gas Lease No.
3. Address of Operator 15 Smith Road Midland, TX 79705		7. Lease Name or Unit Agreement Name SKEEN 2 26 27 ST
4. Well Location Unit Letter C : 175' feet from the North line and 1980' feet from the West line Section 2 Township 16 S Range 27 E NMPM County EDDY		8. Well Number 2H
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3204 GR		9. OGRID Number 4323
		10. Pool name or Wildcat DELDWARE RIVER; 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 checked="" type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input 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.

Attached is information for the revised casing and cement plan for the SKEEN 2 26 27 ST 2H well.
If we need to file any additional information for the C-103 permit, please advise.



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 04/25/2013

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

For State Use Only

APPROVED BY: [Signature] TITLE Dr. H. Spewer DATE 5/1/2013

Conditions of Approval (if any):

Skeen 2-26-27 ST 2H

Type	Hole Size (")	Casing Size (in)	Casing Weight (#'s)	Setting Depth (ft)	Estimated TOC (ft)	Bottom of Cemented Interval (ft)	Sacks of Cement (sx)
Surface	17.5	13.375	48	450	0	450	600
Intermediate	12.25	9.625	40	2,250	0	2,250	1,000
Production	8.75	5.5	17	12,593	1,750	8,057	900
		** Lateral will be an OH Packer Completion (no cement) from 12,593' (TD) to 8057' (End of Curve). There will be a stage tool at the End of Curve to cement back up to 500' inside Intermediate csg thru.					