Form C-103 State of New Mexico Submit 3 Copies To Appropriate District Office Energy, Minerals and Natural Resources Revised March 25, 1999 District I WELL API NO. 1625 N. French Dr., Hobbs, NM 87240 30-025-05950 District II OIL CONSERVATION DIVISION 811 South First, Artesia, NM 87210 5. Indicate Type of Lease 2040 South Pacheco District III STATE FEE X 1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, NM 87505 District IV 6. State Oil & Gas Lease No. 2040 South Pacheco, Santa Fe, NM 87505 SUNDRY NOTICES AND REPORTS ON WELLS 7. Lease Name or Unit Agreement Name: (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: G. C. MATTHEWS Oil Well 🗶 Gas Well Other 8. Well No. 2. Name of Operator Chevron U.S.A. Inc. 9. Pool name or Wildcat 3. Address of Operator P.O. Box 1150 Midland, TX 79702 MONUMENT; PADDOCK 4. Well Location 660 _ feet from the_ feet from the SOUTH line and line Section **NMPM** Township 20S Range County 6 37E LEA 10. Elevation (Show whether DR, RKB, RT, GR, etc.) 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 X **ALTERING CASING TEMPORARILY ABANDON CHANGE PLANS** COMMENCE DRILLING OPNS. PLUG AND **ABANDONMENT** CASING TEST AND **MULTIPLE PULL OR ALTER CASING** COMPLETION **CEMENT JOB** OTHER: OTHER: 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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation. PLACE BALANCED PLUG 5095'-5246'; TAG PLUG. PLACE 269' BALANCED PLUG 3329'-3598'; TAG PLUG. PLACE 100' BALANCED PLUG 2290'-2390'; TAG PLUG. PLACE 100' BALANCED PLUG 245'-345'; TAG PLUG. PLACE 100' BALANCED PLUG 100' - SURF. CUT OFF WH, SET P&A MARKER, CLEAN LOCATION. inn tolkerdom ver ny katike et HOURS GROW TO THE SECTIONAL OF MURCING OPERATIONS FOR THE CIRC IO SE APPROVED. I hereby certify that the information above is true and complete to the best of my knowledge and belief. TITLE REGULATORY O.A. DATE Type or print name J. K. RIPLEY Telephone No. (This space for State use) APPROVED BY_ __ TITLE__ DATE Conditions of approval, if any: