

Submit 3 Copies To Appropriate District Office
 District I
 1625 N. French Dr., Hobbs, NM 87240
 District II
 811 South First, Artesia, NM 87210
 District III
 1000 Rio Brazos Rd., Aztec, NM 87410
 District IV
 2040 South Pacheco, Santa Fe, NM 87505

State of New Mexico
 Energy, Minerals and Natural Resources

Form C-103
 Revised March 25, 1999

OIL CONSERVATION DIVISION
 2040 South Pacheco
 Santa Fe, NM 87505

WELL API NO. 30-025-34675
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name: 13 STATE
8. Well No. 27
9. Pool name or Wildcat MONUMENT; ABO, NORTH

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.)

1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other
2. Name of Operator Chevron U.S.A. Inc.
3. Address of Operator P.O. Box 1150, Midland, TX 79702
4. Well Location Unit Letter B : 785 feet from the NORTH line and 1980 feet from the EAST line Section 13 Township 19S Range 36E NMPM County LEA
10. Elevation (Show whether DR, RKB, RT, GR, etc.) 3722'

11. 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"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPLETION <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: FB <input checked="" type="checkbox"/>	

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.

POH W/PROD EQPT. SOZD 6724'-6780' W/50 SX CMT @ 1800#. DO CMT TO CICR @ 6820'; 7-12-2000
 TSTD TO 590#. DO CICR @ 6820' & CO TO CICR @ 7000'; TSTD TO 600#. DO CICR @
 7000' & DO CMT TO 7479'. ACZD OH W/25 BBLs 28% HCL. RIH W/TBG TO 7209'. RETURNED
 WELL TO PRODUCTION. *per Janice*

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

SIGNATURE J. K. Ripley TITLE REGULATORY O.A. DATE 8/9/00

Type or print name J. K. RIPLEY Telephone No. (915) 687-7148

APPROVED BY _____ TITLE _____ DATE _____

Conditions of approval, if any:

2A Wildcat Drinkard

