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CONDITIONS OF APPROVAL, IF ANY:

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## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

| District Office                                                                                                                                                  |                                                  |                                          |                                      | Revised                                 | 1-1-89           |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|------------------------------------------|--------------------------------------|-----------------------------------------|------------------|
| DISTRICT I<br>P.O. Box 1980, Hobbs NM 88241-1980                                                                                                                 | OIL CONSERVAT                                    |                                          | WELL API NO.                         |                                         | <del></del>      |
| DISTRICT II                                                                                                                                                      | P.O. Box 2088<br>Santa Fe, New Mexico 87504-2088 |                                          | 30-025-08752                         |                                         |                  |
| P.O. Drawer DD, Artesia, NM 88210                                                                                                                                |                                                  |                                          | 5. Indicate Type                     | of Lease                                | FEE 🗌            |
| DISTRICT III<br>1000 Rio Brazos Rd., Aztec, NM 87410                                                                                                             |                                                  |                                          | 6. State Oil & G                     | as Lease No.                            | TLL L            |
| SUNDRY NOT                                                                                                                                                       | ICES AND REPORTS ON V                            | VELLS                                    | B-1732                               | [[]]]]]]]]]]]                           |                  |
| (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.) |                                                  |                                          | 7. Lease Name or Unit Agreement Name |                                         |                  |
| 1. Type of Well: OIL GAS WELL X WELL                                                                                                                             |                                                  |                                          | HARRY LEONA                          | RD (NCT-D)                              |                  |
| 2. Name of Operator                                                                                                                                              |                                                  |                                          | 8. Well No.                          |                                         | <del></del>      |
| Chevron U.S.A. Inc.                                                                                                                                              |                                                  |                                          | 11                                   |                                         |                  |
| 3. Address of Operator P.O. Box 1150, Midland                                                                                                                    | i, TX 79702                                      |                                          | 9. Pool name or EUNICE; SEVE         | Wildcat<br>N RIVERS QUEEN,S             | ОИТН             |
| 4. Well Location Unit Letter H : 1650                                                                                                                            | Feet From The NORT                               | TH Line and 33                           | 30 Feet Fro                          | om The EAST                             | Line             |
| Section 3                                                                                                                                                        | Township 22S                                     | Range 36E                                | NMPM                                 | LEA                                     | <del></del>      |
| Jetion C                                                                                                                                                         | - 0 · · · · · · · · · · · · · · · · · ·          | thether DF, RKB, RT, GR, etc<br>3545     |                                      |                                         | County           |
| 11. Check An                                                                                                                                                     | propriate Box to Indica                          |                                          | Papart or                            | Othor Doto                              |                  |
| -                                                                                                                                                                | NTENTION TO:                                     | 1                                        | - 1                                  | Other Data<br>FREPORT OF                | <b></b>          |
| NOTICE OF III                                                                                                                                                    | TIENTION TO:                                     | 306                                      | SEQUEN                               | REPORTOR                                | -:               |
| PERFORM REMEDIAL WORK                                                                                                                                            | PLUG AND ABANDON                                 | REMEDIAL WORK                            |                                      | ALTERING CASING                         |                  |
| TEMPORARILY ABANDON                                                                                                                                              | CHANGE PLANS                                     | COMMENCE DRILLING                        | OPNS.                                | PLUG AND ABANDO                         | NMENT [          |
| PULL OR ALTER CASING                                                                                                                                             |                                                  | CASING TEST AND CE                       | MENT JOB                             |                                         |                  |
| OTHER:                                                                                                                                                           |                                                  | OTHER:REPAIR                             | RED CSG                              |                                         | [X               |
| 12. Describe Proposed or Completed Ope                                                                                                                           | rations (Clearly state all pertinen              | t details, and give pertinent da         | tes, including estin                 | nated date of starting a                | ıy proposed      |
| work) SEE RULE 1103.                                                                                                                                             |                                                  |                                          |                                      |                                         |                  |
| ISOLATED CSG LEAK 5<br>HOLE CLEAN. RIH W/                                                                                                                        |                                                  | L "C", CIRC CMT UP SU<br>L TO PRODUCTION | RF. DRILLED                          | CMT TO 595'. C                          | IRC              |
| WORK PERFORMED 9/9/                                                                                                                                              |                                                  |                                          |                                      |                                         |                  |
| WORK TER ORIED 37 37                                                                                                                                             | 31 - 31 12/3/                                    |                                          |                                      |                                         |                  |
|                                                                                                                                                                  |                                                  |                                          |                                      |                                         |                  |
| •                                                                                                                                                                |                                                  |                                          |                                      |                                         |                  |
|                                                                                                                                                                  |                                                  |                                          |                                      |                                         |                  |
|                                                                                                                                                                  |                                                  |                                          |                                      |                                         |                  |
|                                                                                                                                                                  |                                                  |                                          |                                      |                                         |                  |
|                                                                                                                                                                  |                                                  |                                          |                                      |                                         |                  |
| I hereby certify that the information above is to                                                                                                                | rue and complete to the best of my know          | viedge and belief. *                     |                                      | - · · · · · · · · · · · · · · · · · · · |                  |
| SIGNATURE O. K. Ripl                                                                                                                                             | us—                                              | TITLE TECHNICAL ASSIS                    | TANT                                 | DATE 9/2                                | 2/97             |
| TYPE OR PRINT NAME J. K. RIPLEY                                                                                                                                  | 0                                                |                                          |                                      | TELEPHONE NO. (915)                     |                  |
| (This space for State Use)                                                                                                                                       | <del></del>                                      |                                          |                                      | (313)                                   |                  |
| C                                                                                                                                                                | Orig. Signed by Paul Kautz                       |                                          |                                      | net A                                   | 7 <b>d</b> hriff |
| APPROVED BY                                                                                                                                                      | Geologial                                        | TΠLE                                     |                                      | DATE DCT 1                              | <b>23</b> /      |