

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

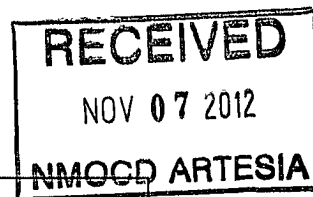
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)		WELL API NO. 30-015-40371
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other SWD <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 LOS MEDANOS 36 23 30 STATE
4. Well Location Unit Letter D : 150 feet from the NORTH line and 660' feet from the WEST line Section 36 Township 23S Range 30E NMPM County EDDY		8. Well Number 1H
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3350' GR		9. OGRID Number 4323
		10. Pool name or Wildcat WC-015 G-OG S233036D; 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 10/29/12 DRILL TO 3925' @ 12:30 HOURS. T.O.H. RUN 8 5/8 32# J-55 LTC CSG AS FOLLOWS: 1- F/S 1.50, 1 JNT 8 5/8 32# J-55 LT& C CSG 40.55, 1 F/C 1.20 93 JNTS SAME CSG 3881.80, THRED LOCK ALL FLOAT EQUIPMENT, SET CSG @ 3925' KB. PUMP CMT AS FOLLOWS: SWAP LINES TEST SAME T/ 2500 P.S.I. PUMP 1600 SKS TXI MIXED 9.77, YIELD 1.81, @ 12.3 PPG, 350 SKS TAIL 50/50 C MIXED 5.94, YIELD 1.37, @ 14.2 PPG, DIP W/ 236 BBL F/W BUMP PLUG 500 OVER T/ 1400 P.S.I. CHECK FLOAT FLOATS HELD 125 BBL CMT BACK T/ SURFACE. BODY TEST BOP'S LOW 250 P.S.I. HIGH 5000 P.S.I., TEST 8 5/8" CASING FOR 30 MINUTES. TEST GOOD. RESUMED DRILLING ON 11/1/12 @ 0300 HOURS.



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: 11/06/2012

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: Dist II Supervisor DATE: 11/07/2012
Conditions of Approval (if any):