

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

WELL API NO.	30-015-40756
5. Indicate Type of Lease	STATE <input type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.	Federal
7. Lease Name or Unit Agreement Name	PLU PHANTOM BANKS 25 25 30 USA
8. Well Number	1H
9. OGRID Number	4323
10. Pool name or Wildcat	WC; G-05 S2630010; BONE SPRING
11. Elevation (Show whether DR, RKB, RT, GR, etc.)	3340' GL

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 Gas Well Other

2. Name of Operator
Chevron USA, Inc.

3. Address of Operator
15 SMITH ROAD
MIDLAND, TX 79705

4. Well Location
Unit Letter C : 150' feet from the SOUTH line and 2280' feet from the West line
Section 25 Township 25S Range 30 E NMPM County EDDY

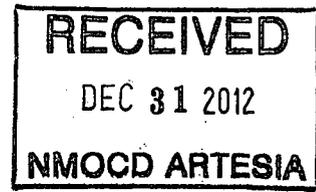
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> DOWNHOLE COMMINGLE <input type="checkbox"/>		SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: Casing Pressure Test <input checked="" 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.

Please find casing pressure tests performed on this well:

On 12/02/2012, tested 13 3/8" surface casing for 30 minutes to 1200 psi. Test good. Depth 1320'
 On 12/05/2012, tested 8 5/8" intermediate casing for 30 minutes to 1500 psi. Test good. Depth 4015'.



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 12/21/2012

Type or print name Bryan G. Arrant (Agent for Chevron) E-mail address: bryan.arrant@chk.com PHONE: (405)935-3872

For State Use Only

APPROVED BY: BR Dade TITLE Dist # Supervisor DATE 1/4/13
 Conditions of Approval (if any):