Form C-103 State of New Mexico Submit 3 Copies To Appropriate District Energy, Minerals and Natural Resources Office. Revised March 25, 1999 District I WELL API NO. 1625 N. French Dr., Hobbs, NM 87240 30-025-24763 District II OIL CONSERVATION DIVISION 811 South First, Artesia, NM 87210 5. Indicate Type of Lease 2040 South Pacheco District III STATE **x** FEE 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: R. E. COLE (NCT-A) 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 EUNICE; SAN ANDRES, SW P.O. Box 1150 Midland, TX 79702 4. Well Location 825 1980 WEST feet from the SOUTH _ line and__ feet from the Unit Letter **NMPM** County Range Section 16 Township 22S 37E 10. Elevation (Show whether DR, RKB, RT, GR, etc.) 11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data SUBSEQUENT REPORT OF: NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK **ALTERING CASING** TEMPORARILY ABANDON **CHANGE PLANS** COMMENCE DRILLING OPNS. **PLUG AND ABANDONMENT MULTIPLE** CASING TEST AND **PULL OR ALTER CASING CEMENT JOB** COMPLETION OTHER: PB OTHER: 12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date or recompilation.

of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion

TAGGED CIEP; TSTD CSG TO 500 PSI - HELD OK 15 MIN. BLED OFF PRESSURE. PERFD 3766'-3924' W/4 JHPF. DUMPED 24' CMT ON CIBP. ACZD W/2500 GALS W/15% & 200 RCNB'S. SWABBED. RIH W/TBG, PUMP & RODS: TBG @ 3998'. RETURNED WELL TO PRODUCTION.

WORK PERFORMED 12/7/99 - 12/16/99

I hereby certify that the information above is true and cor	nplete to the best of my knowledge and belief.		
SIGNATURE J.K. Ripley	TITLE REGULATORY O.A.	DATE _	3/1/00
Type or print name J. K. RIPLEY		Telephone No.	(915)687-7148
(This space for State use)	en e		
APPROVED BY	TITLE	DATE	
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