

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
OPERATOR'S COPYFORM APPROVED
Budget Bureau No. 1004-0137
Expires: December 31, 1991

SUBMIT ORIGINAL WITH 5 COPIES

WELL COMPLETION OR RECOMPLETION REPORT AND LOG*

1a. Type of Well: OIL ☐ WELL GAS ☒ WELL DRY ☐ OTHER ☐

1b. Type of Completion: NEW ☐ WORK ☐ DEEPE ☐ N PLUG ☒ BACK DIFF. ☐ RESVR. OTHER RECOMPLETION ☐

2. Name of Operator
CHEVRON USA INC

3. Address and Telephone No.
15 SMITH ROAD, MIDLAND, TX 79705 915-687-737

4. Location of Well (Report location clearly and in accordance with any State requirements.)
At Surface
Unit Letter G : 1650' Feet From The NORTH Line and 1725' Feet From The EAST Line
At proposed prod. zone

At Total Depth

14. Permit No. Date Issued

12. County or Parish
EDDY

13. State
NM

15. Date Spudded
5/26/2004

16. Date T.D. Reached
6/26/2003

17. Date Compl. (Ready to Prod.)
6/1/2004

18. Elevations (Show whether DF, RT, GR, etc.)

19. Elev. Casinhead

20. Total Depth, MD & TVD
9300'

21. Plug Back T.D., MD & TVD
8820'

22. If Multiple Compl., How Many*

23. Intervals Rotary Tools
Drilled By -->

24. Producing Interval(s), Of This Completion - Top, Bottom, Name (MD and TVD)*
7905-7980' STRAWN

25. Was Directional Survey Made
NO

26. Type Electric and Other Logs Run
N/A

27. Was Well Cored
NO

28. CASING RECORD (Report all Strings set in well)

| CASING SIZE & GRADE | WEIGHT LB./FT. | DEPTH SET | HOLE SIZE | CEMENT RECORD | AMOUNT PULLED |
|---------------------|----------------|-----------|-----------|---------------|---------------|
| | | | NO CHANGE | | |
| | | | | | |
| | | | | | |
| | | | | | |
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29. LINER RECORD

| SIZE | TOP | BOTTOM | SACKS CEMENT | SCREEN |
|--------|-------|--------|--------------|--------|
| 4 1/2" | 6789' | | | |

30. TUBING RECORD

| SIZE | DEPTH SET | PACKER SET |
|--------|-----------|------------|
| 2 7/8" | 7848' | |

31. Perforation record (interval, size, and number)
7905-09, & 7974-7980'

32. ACID, SHOT, FRACTURE, CEMENT, SQUEEZE, ETC.

| DEPTH INTERVAL | AMOUNT AND KIND MATERIAL USED |
|----------------|----------------------------------|
| 7905-7980' | ACIDIZED W/1500 GALS ANTI SLUDGE |
| | |
| | |
| | |

33. PRODUCTION

| | | | | | | | |
|-----------------------------------|--|--|------------------------|------------------|-------------------|----------------------------|-----------------|
| Date First Production 6/6/2004 | Production Method (Flowing, gas lift, pumping - size and type pump) FLOWING | Well Status (Prod. or Shut-in) PROD | | | | | |
| Date of Test 6-06-04 | Hours tested 24 HRS | Choke Size | Prod'n For Test Period | Oil - Bbl. 0 | Gas - MCF 658 | Water - Bbl. 0 | Gas - Oil Ratio |
| Flow Tubing Press. | Casing Pressure | Calculated 24-Hour Rate | Oil - Bbl. 0 | Gas - MCF 658 | Water - Bbl. 0 | Oil Gravity - API -(Corr.) | |

34. Disposition of Gas (Sold, used for fuel, vented, etc.)
SOLD

35. List of Attachments

36. I hereby certify that the foregoing is true and correct

SIGNATURE Denise Leake TITLE Regulatory Specialist

DATE 6/8/2004

TYPE OR PRINT NAME Denise Leake