

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

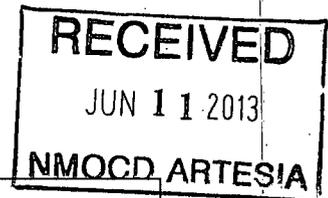
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)		WELL API NO. 30-015-40953
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <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 WEST SHUGART 2 19 30 STATE
4. Well Location Unit Letter 1 : 1920' feet from the South line and 350' feet from the East line Section 2 Township 19 S Range 30 E NMPM County EDDY		8. Well Number 2H
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3517' GR		9. OGRID Number 4323
		10. Pool name or Wildcat DELWARE RIVER; BONE SPRING

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

<b>NOTICE OF INTENTION TO:</b> 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"/>		<b>SUBSEQUENT REPORT OF:</b> 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 checked="" 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 6/5/2013, DRILLED 17-1/2" HOLE TO 665'. RAN 15 JTS OF 13 3/8", H-40, 48# CASING. CENTRALIZERS EVERY 4TH JT-5 TOTAL. PRESSURE TEST LINES 500-2000. CMT CSG, LEAD - 750 SKS, 216 BBLs 1.65 YIELD, @ 13.7 PPG, TAIL - 250 SKS, 59 BBLs, YIELD 1.33, @ 14.8-PPG 100 BBL CMT BACK T/ SURFACE. BUMPED PLUG 500 OVER 810 PSI TOTAL .25 BBL BLED BACK. FLOATS HELD. TEST TOP & BOTTOM RAMS, BLIND RAMS, KILL & HCR VALVES, CHOKES, AND FLOOR VALVES. 250 LOW, 5000 HIGH. HYDRILL AND STANDPIPE BACK TO PUMPS 250 LOW, 3500 HIGH. TEST CASING TO 1200 PSI FOR 30 MINUTES. TEST GOOD. RESUME DRLG ON 6/8/2013 TO INTERMEDIATE CASING POINT.



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 [Signature] TITLE Regulatory Specialist II DATE 06/10/2013

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 Dis. H. Spewson DATE 6/11/13

Conditions of Approval (if any):