Submit 3 Copies State of New Mexico to Appropriate Emergy, Minerals and Natural Resources Department District Office OIL CONSERVATION DIVISION P.O. Box 1980, Hobbs, NM 88240 P.O. Box 2088 Santa Fe, New Mexico 8750 2088 WELL API NO. P.O. Drawer DD, Artesia, NM 88210 30-015-26125 5. Indicate Type of Lease DISTRICTION 1000 Rio Brazos Rd., Aztec, NM 87410 STATE MW I - 1889 6. State Oil & Gas Lease No. SUNDRY NOTICES AND REPORTS ON WELLS O. C. D. (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE APPLICATION FOR PERMIT 7. Lease Name or Unit Agreement Name (FORM C-101) FOR SUCH PROPOSALS.) Type of Weil: MET X aus WELL . Eddy "IK" State 2. Name of Operator & Well No. Chevron U.S.A. Inc. 3. Address of Operator P.O. Box 670 Hobbs NM 88240 9. Pool name or Wildcat Well Location UNDSG Bone Springs north Unit Letter 1980 Feet From The east Line and Feet From The Line Township 20S Range 29E Eddy 10. Elevation (Show whether DF, RKB, RT, GR, etc.) County 3322.8' 11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT PULL OR ALTER CASING CASING TEST AND CEMENT JOB OTHER: OTHER: Set cmt. plugs. Run 5 1/2" liner 12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed 10-18-89 Set OH CMT Plug #1 F 10614' to 10514' w/35 SXS CL "H" & CMT Plug #2 F 9628' to 9528' w/40 SXS CL "H" & CMT Plug #3 F 8108' to 8008' w/35 SXS CL "H" & CMT Plug #4 F 6450' to 6300' w/55 SXS CL "H", PUH to 6250' CIRC & COND Hole. RU & Ran 5 1/2" K-55 15.50#, 8RD LT & C liner w/shoe @ 6250'. LC @ 6167', TOL @ 3112', CMT'D w/1060 SX CL "C", TOC @ 3112'. 10-22-89 WOC for 56 hrs. TST 5 1/2" liner top to 1000 PSI, OK. I hereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE mme Staff Drlng, Engineer DATE 10-31-89 TYPEORPRINTNAME M. E.

(This space for State Use)

CONDITIONS OF APPROVAL IF ANY:

ORIGINAL SIGNED BY

TELEPHONE NO.

NOV

6 1989