

DISTRICT I

P.O. Box 1980, Hobbs, NM 88240

DISTRICT II

P.O. Box Drawer DD, Artesia, NM 88210

DISTRICT III

1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

WELL API NO	30-025-36742 ✓
5 Indicate Type of Lease	STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6 State Oil / Gas Lease No	
7 Lease Name or Unit Agreement Name	V M. HENDERSON ✓
8 Well No	17 ✓
9 Pool Name or Wildcat	PENROSE SKELLY GRAYBURG

SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMI (FORM C-101) FOR SUCH PROPOSALS	
1 Type of Well	OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER
2 Name of Operator	CHEVRON USA INC ✓
3 Address of Operator	15 SMITH RD, MIDLAND, TX 79705
4 Well Location	Unit Letter <u>A</u> : <u>1308'</u> Feet From The <u>NORTH</u> Line and <u>1120'</u> Feet From The <u>EAST</u> Line ✓ Section <u>30</u> Township <u>21-S</u> Range <u>37-E</u> NMPM <u>LEA</u> COUNTY
10 Elevation (Show whether DF, RKB, RT,GR, etc)	3492'

11

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐
OTHER ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPERATION ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER ☒ ACIDIZE & SCALE SQZ GRAYBURG

12 Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103

01-22-08: MIRU.
01-23-08: UNSET TAC SWAB TBG DRY
01-24-08: TIH W/BIT & TAG @ 4186. SET PKR @ 3633. TESTA CSG TO 500#. OK
01-28-08: SPOT ACID ACR PERFS 3635-3931 W/5800 GALS ACID.
01-29-08: SWABBING
01-30-08: TIH W/2 7/8" TBG. EOT @ 4065
01-31-08: PU PUMP & RODS
02-01-08: TEST TBG TO 500#. RIG DOWN FINAL REPORT

RECEIVED

FEB - 5 2008

HOBBS OCD

I hereby certify that the information above is true and complete to the best of my knowledge and belief

SIGNATURE Denise Pinkerton

TITLE Regulatory Specialist

DATE 2/4/2008

TYPE OR PRINT NAME Denise Pinkerton

Telephone No 432-687-7375

(This space for State Use)

APPROVED

CONDITIONS OF APPROVAL, IF ANY

Chris Williams

TITLE OC DISTRICT SUPERVISOR/GENERAL MANAGER

MAR 18 2008