

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

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

WELL API NO.	30-015-31853
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil / Gas Lease No.	
7. Lease Name or Unit Agreement Name	NEW MEXICO 'DF' STATE COM
8. Well No.	4
9. Pool Name or Wildcat	LOAFER DRAW MORROW SE
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	4073'

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 PERMIT
(FORM C-101) FOR SUCH PROPOSALS.

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

RECEIVED

2. Name of Operator
CHEVRON USA INC

JUN 21 2005

3. Address of Operator
15 SMITH RD, MIDLAND, TX 79705

OCU-ARTESIA

4. Well Location

Unit Letter J : 2310' Feet From The SOUTH Line and 1650' Feet From The EAST Line
Section 32 Township 21-S Range 23-E NMPM EDDY COUNTY

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 4073'

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: ☒ CLEAN OUT W/COIL TBG

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.

6-08-05: MIRU COIL TBG UNIT. PUMP 504 SCFM N2. TAG @ 5000. START FOAM. WASH TO 8908. CIRC ON BTM W/FOAM. PUMP 1000 GALS 15% ACID WHILE MOVING COIL TBG SLOWLY ACROSS PERFS. JET W/N2. RD CTU. OPEN WELL UP DN FLOWLINE W/350 PSI.

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 6/16/2005

TYPE OR PRINT NAME Denise Pinkerton

Telephone No. 432-687-7375

(This space for State Use)

APPROVED

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE