

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

WELL API NO. 30-025-40860
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 MCCLOY RANCH 2 24 32 STATE COM
8. Well Number 2H
9. OGRID Number 4323
10. Pool name or Wildcat TRISTE DRAW; BONE SPRING

**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.)

1. Type of Well: Oil Well  Gas Well  Other

2. Name of Operator  
Chevron USA, Inc.

3. Address of Operator  
15 Smith Road  
Midland, TX 79705

4. Well Location  
Unit Letter M : 100' feet from the South line and 400' feet from the West line  
Section 2 Township 24 S Range 32 E NMPM County Lea

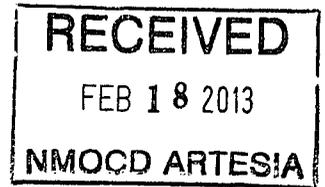
11. Elevation (Show whether DR, RKB, RT, GR, etc.)  
3632' GR

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

<b>NOTICE OF INTENTION TO:</b>		<b>SUBSEQUENT REPORT OF:</b>	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input checked="" type="checkbox"/>	
DOWNHOLE COMMINGLE <input 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 2/10/2013 @ 1830 HRS, FINISHED DRILLING PRODUCTION HOLE TO 14,756'. RAN 5 1/2" 17# P-110 CASING. CMT 5 1/2" CSG AS FOLLOWS: HOLD P.J.S.M. W/ SCHLUMBERGER, SWAP LINES & TEST SAME T/ 5500 psi. PUMP 20 BBL FW SPACER WITH DIE, LEAD CMT 680 sks 257 bbls 12.4 ppg, 35/65 Poz H + add PUMP TAIL CMT 1330 sks 301 bbls 14.5 ppg. Disp. w/338 bbls F/W.FULL RETURNS, CIRC 5 BBL OF FW WITH DIE TO PIT BUMP PLG @ 08:00 W/ 3100 P.S.I. 500 P.S.I. OVER FINAL P.S.I. CHECK FLOATS OK. WOC. ON 02/14/2013 @ 0500 HRS RELEASED RIG.



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 *Bryan Arrant* TITLE Regulatory Specialist II DATE 02/14/2013

Type or print name Bryan Arrant (Agent for Chevron) E-mail address: bryan.arrant@chk.com PHONE: (405)935-3782

**For State Use Only**  
 APPROVED BY: *[Signature]* TITLE *[Signature]* DATE 2/19/2013  
 Conditions of Approval (if any):