State of New Mexico

Submit 3 copies to Appropriate District Offise		Energy, Minerals and	Natural R	esources Department			Form C-103 Revised 1-1-8
<u>DISTRICT I</u>	• 0	IL CONSER	VATIO	ON DIVISION	WELL API NO		
P.O. Box 1980, Hobbs,	NM 88240		. Box 208			30-025-25003	
DISTRICT II P.O. Box Drawer DD, A	rtesia NM 88210	Santa Fe, Ne	w Mexico	87504-2088	5. Indicate Ty	pe of Lease	
DISTRICT III	10010, 11111 00210					STATE 🗸	/ FEE
1000 Rio Brazos Rd., A	ztec, NM 87410				6. State Oil / 0	Gas Lease No.	
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.					7. Lease Nam HUGH	ne or Unit Agreement Na	ame
Type of Well: W	L GAS ELL WELL	OTHER					
2. Name of Operator	CHEVRON USA	INC			8. Well No.	10	
3. Address of Operator	15 SMITH ROAI	D, MIDLAND, TX 7970	05		9. Pool Name DRINI	or Wildcat KARD,WANTZ ABO, GR	AN WASH
4. Well Location							
Unit Lette	er <u> </u>	950' Feet From T	he <u>NOR</u>	<u>FH</u> Line and <u>2290'</u>	Feet From	The <u>WEST</u> L	ine
Section_	<u>14</u> T	ownship 22-S	F	Range 37-E	NMPM	LEA CO	UNTY
The Committee of the Co		10. Elevation (Show wheth	er DF, RKB,	RT,GR, etc.) 3341' G	SL		
11.	Check Appr	opriate Box to Ind	icate Nat	ure of Notice, Repo	ort, or Other D	ata	
NOTICE (OF INTENTION	TO:			SUBSEQUE	NT REPORT O	F:
PERFORM REMEDIAL	WORK PL	UG AND ABANDON		REMEDIAL WORK		ALTERING CASING	
TEMPORARILY ABAND	ON CH	HANGE PLANS		COMMENCE DRILLING	DPERATION [PLUG AND ABANDO	NMENT
PULL OR ALTER CASIN	vg □			CASING TEST AND CEN	MENT JOB		_
OTHER:			🗆	OTHER:	REPAIR	CASING LEAK	<u> </u>
proposed work) SE	E RULE 1103. ORK IS DONE TO RE			etails, and give pertinen			
4-01-04: PRESS TES TEST 7" CSG TO 540 4-02-04: TIH W/RET	@ 7180. TIH W/RBP IT 7" CSG FR 2335 TO PSI. SPOT 3 SX SAN TOOL WASH SAND 0 1/75 BBLS 2% KCL FN	O SURF TO 500 PSI. I ND ON TOP OF RBP. OFF RBP. REL RBP. W. TIH W/2 3/8" PROI	REL RBP (TOH W/Pk	" CSG TO 500 PSI. SM	P @ 5990. PRES X CL C NEAT C	SS TEST RBP TO 80 MT @ 14.8 PPG, 1.32	2 CU FT/SX.
FINAL REPORT					(55)	10 -	<u> </u>
					100 2122 23 24 25 23 24 25 25 24 25 25 25 25 25 25 25 25 25 25 25 25 25	OSO SOPPORT	

APPROVED HOUSE CONDITIONS OF APPROVAL, IF ANY:

SIGNATURE Z

TYPE OR PRINT NAME

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

Denise Leake

TITLE

OC FIELD REPRESENTATIVE II/STAFF MANAGER

TITLE Regulatory Specialist

APR 1 9 2004

Telephone No.

DATE

DeSoto/Nichols 12-93 ver 1.0

DATE 4/7/2004

915-687-7375