

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.                                       | 30-025-06864                                                                      |
| 5. Indicate Type of Lease                          | STATE <input checked="" type="checkbox"/> FEE <input checked="" type="checkbox"/> |
| 6. State Oil / Gas Lease No.                       |                                                                                   |
| 7. Lease Name or Unit Agreement Name               | EUNICE KING                                                                       |
| 8. Well No.                                        | 24                                                                                |
| 9. Pool Name or Wildcat                            | PENROSE SKELLY GRAYBURG                                                           |
| 10. Elevation (Show whether DF, RKB, RT, GR, etc.) |                                                                                   |

**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 PERMITS" (FORM C-101) FOR SUCH PROPOSALS.)

|                                                    |                                                                                                                                                                                                       |
|----------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. Type of Well:                                   | OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>                                                                                         |
| 2. Name of Operator                                | CHEVRON USA INC                                                                                                                                                                                       |
| 3. Address of Operator                             | 15 SMITH ROAD, MIDLAND, TX 79705                                                                                                                                                                      |
| 4. Well Location                                   | Unit Letter <u>E</u> : <u>2086'</u> Feet From The <u>NORTH</u> Line and <u>766'</u> Feet From The <u>WEST</u> Line<br>Section <u>28</u> Township <u>28-S</u> Range <u>37-E</u> NMPM <u>LEA</u> COUNTY |
| 10. Elevation (Show whether DF, RKB, RT, GR, etc.) |                                                                                                                                                                                                       |

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

**NOTICE OF INTENTION TO:**

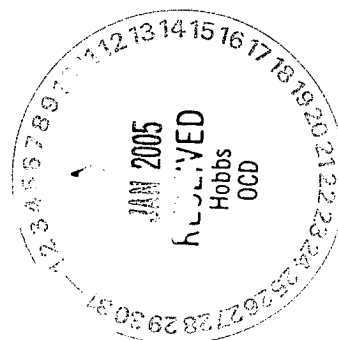
PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐  
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐  
PULL OR ALTER CASING ☐  
OTHER: ☐

**SUBSEQUENT REPORT OF:**

REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPERATION ☐ PLUG AND ABANDONMENT ☐  
CASING TEST AND CEMENT JOB ☐  
OTHER: RUN 5 1/2" LINER, C/O & ACIDIZE ☒

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.

12-13-04: MIRU PU. TIH TO 4200.  
12-14-04: TIH W/CIBP & SET @ 4088. DUMP CMT ON TOP OF CIBP. TOP OF CMT SHOULD BE 4081. TIH W/PKR & SET @ 3000.  
12-15-04: TIH W/PKR & SET @ 4080. REL PKR. TIH W/FLOAT SHOE, 1 JT 5 1/2" CSG, FC, & 91 JTS 5 1/2" CSG TO 4081.  
12-17-04: BATCH MIX 300 SX CL C CMT TO 14.6 PPG.  
12-20-04: TIH W/124 JTS 2 7/8" TBG. TAG CMT @ 4032. DRLG CMT FR 4032-4034. FC @ 4035. CMT TO FS @ 4083. CMT FR 4085-4088. CIBP @ 4088.  
12-21-04: DRLG CMT FR 4081-4088. DRLG CIBP TO 4097. FELL OUT TO 4160. DRLG CMT 4160-4376.  
12-23-04: TIH W/10 JTS 2 7/8" TBG. DRLG CMT 4376-4488. FELL OUT. TIH TO 4964. PERF 4150-4500.  
12-28-04: TIH W/PKR & SET @ 4050.  
12-29-04: ACIDIZE PERFS 4150-4500 W/5000 GALS 15% HCL. REL PKR @ 4075.  
12-30-04: PU PKR & SET @ 4072. REL ON/OFF TOOL. RIG DOWN.  
FINAL REPORT



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

SIGNATURE Denise Leake TITLE Regulatory Specialist DATE 1/5/2005  
TYPE OR PRINT NAME Denise Leake Telephone No. 915-687-7375

(This space for State Use)  
APPROVED Gary W. Wink  
CONDITIONS OF APPROVAL, IF ANY:

OC FIELD REPRESENTATIVE II/STAFF MANAGER  
TITLE DATE

JAN 13 2005