Office	State of New Mexico	Form C-1
District I	Energy, Minerals and Natural Resources	October 13, 2
1625 N French Dr , Hobbs, NM 88240 District II		WELL API NO. / 30-025-36741
1301 W. Grand Ave., Artesia, NM-8834000	OIL CONSERVATION DIVISION	5. Indicate Type of Lease
District II 1301 W. Grand Ave., Artesia, NM-883103S OCD District III 1220 South St. Francis Dr.		STATE   FEE
1000 R <sub>10</sub> Brazos Rd , Aztec, NM 87410	Santa Fe, NM 87505	6. State Oil & Gas Lease No.
District IV 1220 S St. Francis Dr , Santa Fe, NM 1 2 2 87505	2011	
SUNDRY NOTICE	ES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement/Nam
(DO NOT USE THIS FORM FOR THE PROPERTY OF THE	S TO DRILL OR TO DEEPEN OR PLUG BACK TO A TOON FOR PERMIT" (FORM C-101) FOR SUCH	
PROPOSALS.)		HARRY LEONARD NCT-E
1. Type of Well: Oil Well / Gas Well Other		8. Well Number 7
2. Name of Operator		9. OGRID Number 4323
CHEVRON U.S.A. INC.		10. Pool name or Wildcat
<ul><li>3. Address of Operator</li><li>15 SMITH ROAD, MIDLAND, TEXAS 79705</li></ul>		PENROSE SKELLY GRAYBURG
	AAS 19103	FENROSE SKELLT GRATBURG
4. Well Location	s at Norwey II 11070 S at	PAGE II
	from the NORTH line and 1070 feet from the	` '
1. The ball of the Control of the Co	wnship 21S Range 37E	NMPM County LEA
	11. Elevation (Show whether DR, RKB, RT, GR,	etc.)
and the second s		1.5.5
DOWNHOLE COMMINGLE		
OTHER		ACIDIZE & SCALE SQUEEZE
	ed operations. (Clearly state all pertinent details	
of starting any proposed work proposed completion or recom	). SEE RULE 19.15.7.14 NMAC. For Multiple	Completions: Attach wellbore diagram of
proposed completion of recon	ipietion.	
	ONIC HAMMER. 8-13-11: WASH PERF INT	
	ICL. REPEAT PROCESS ON PERF INTERVA	
	MS BAKER SCW-358 SCALE INHIBITOR. PU	
	854-3795, 3790-3734. PMP 50 BBLS 8.6 BRINI I W/TBG.   8-16-11:  TIH W/PUMP & RODS.  I	
0-13-11. TAG (# 4210. NO FILL. TIF	1 W/1BG. 8-10-11. THI W/FOMF & RODS. I	MO DOWN.
~		
Sound Date:	Pia Palagra Data	
Spud Date:	Rig Release Date:	
Spud Date:	Rig Release Date:	
		edge and belief.
	Rig Release Date:	edge and belief.
hereby certify that the information abo	ove is true and complete to the best of my knowl	
hereby certify that the information abo		
	ove is true and complete to the best of my knowl	ECIALIST DATE 09-09-1011
hereby certify that the information about	TITLE REGULATORY SP  RTON E-mail address: leakejd@chevron.c	DATE 09-09-1011  DATE 09-09-1011  PHONE: 432-687-7375
hereby certify that the information about the second secon	TITLE REGULATORY SP  RTON E-mail address: leakejd@chevron.c	ECIALIST DATE 09-09-1011  COM PHONE: 432-687-7375  SEP 1 3 7
hereby certify that the information about the second secon	TITLE REGULATORY SP  RTON E-mail address: leakejd@chevron.c	ECIALIST DATE 09-09-1011  COM PHONE: 432-687-737