| Office Description Market Market National States  | Dance of New Michael December |  | Form C-103 /Revised August 1, 2011 |  |
|---|-------------------------------|--|------------------------------------|--|
| 1625 N. French Dr , Hobbs, NM 88240   |                               | WELL API NO.                                       |                                    |  |
| District II – (575) 748-1283<br>811 S First St., Artesia, NM 88210 HOBBS OF CONSERVATION DIVISION   |                               | 30-025-06938 <b>V</b> 5. Indicate Type of Lease    |                                    |  |
| District III – (505) 334-6178<br>1000 Rio Brazos Rd, Aztec, NM 87410<br>District IV – (505) 476-3460 MAY 1 7 2012 South St. Francis Dr.<br>Santa Fe, NM 87505   |                               | STATE  |                                    |  |
| District IV – (505) 476-3460 MAY 1 7 2012 Santa Fe, NM 87505<br>1220 S. St. Francis Dr., Santa Fe, NM   |                               | 6. State Oil &                                     | Gas Lease No.                      |  |
| 87505   |                               |  |                                    |  |
| 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)   |                               | 7. Lease Name or Unit Agreement Name W.T. MCCOMACK |                                    |  |
| 1. Type of Well: Oil Well \( \sum / \) Gas Well \( \sum \) Other  |                               | 8. Well Number 9                                   |                                    |  |
| 2. Name of Operator CHEVRON U.S.A. INC.   |                               | 9. OGRID Number 4323                               |                                    |  |
| <ul><li>3. Address of Operator</li><li>15 SMITH ROAD, MIDLAND, TEXAS 79705</li></ul>  |                               | 10. Pool name or Wildcat DRINKARD                  |                                    |  |
| 4. Well Location  |                               |  |                                    |  |
| Unit Letter P: 554 feet from the SOUTH line and 554 feet from the EAST line   |                               |  |                                    |  |
| Section 32 Township 21-S Range 37-E NMPM County LEA  11. Elevation (Show whether DR, RKB, RT, GR, etc.)   |                               |  |                                    |  |
| 3468'   |                               |  |                                    |  |
| 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data  |                               |  |                                    |  |
| NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:   |                               |  | REPORT OF:                         |  |
| PERFORM REMEDIAL WORK  PLUG AND ABANDON  REMEDIAL WOF TEMPORARILY ABANDON  CHANGE PLANS  COMMENCE DR  |                               |  | ALTERING CASING                    |  |
| TEMPORARILY ABANDON   |                               |  | ] PANDA 🗌<br>]                     |  |
| DOWNHOLE COMMINGLE  |                               | _  |                                    |  |
| OTHER:  |                               | XTENSION W/C                                       |                                    |  |
| 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. |                               |  |                                    |  |
|   |                               |  |                                    |  |
| 5-08-12: NOTIFIED NMOCD. RAN CHART. TEST CSG TO 620 PSI FOR 30 MINUTES. OK.   |                               |  |                                    |  |
| well is temporarily abandoned. This Approval of Temporary Abandonment Expires <u>05-08-2014</u>   |                               |  |                                    |  |
| Spud Date: Rig Release Da   | ite:                          |  |                                    |  |
|   |                               |  |                                    |  |
| I hereby certify that the information above is true and complete to the best of my knowledge and belief.  |                               |  |                                    |  |
| SIGNATURE DATE: 05-16-2012  |                               |  |                                    |  |
|   | : leakejd@chevror             | n.com  | PHONE: 432-687-7375                |  |
| For State Use Only  | 1.                            | 7.   |                                    |  |
| APPROVED BY: Mach Whiteham TITLE Conditions of Approval (if any):   | upliance Of                   | Har  | DATE 05-18-2012                    |  |
| CONDITIONS OF ADDITOVALOR AND P   | 1                             |  |                                    |  |

