

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

HOBBS OCD  
 JAN 22 2013

OIL CONSERVATION DIVISION  
 1220 South St. Francis Dr.  
 Santa Fe, NM 87505

WELL API NO. 30-025-06864	<input checked="" type="checkbox"/>
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input checked="" type="checkbox"/>	
6. State Oil & 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 A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)  
 1. Type of Well: Oil Well  Gas Well  Other Water Injection SWD

7. Lease Name or Unit Agreement Name EUNICE KING	<input checked="" type="checkbox"/>
8. Well Number: 24	<input checked="" type="checkbox"/>

2. Name of Operator  
Chevron USA INC.

9. OGRID Number:	
------------------	--

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

10. Pool name or Wildcat PENROSE SKELLY GRAYBURG	
---	--

4. Well Location  
 Unit Letter E : 2086' feet from the North line and 760' feet from the West line  
 Section 28 Township 28-S Range 37-E NMPM County Lea

11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3470'GL	
---	--

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

APPROVED FOR PLUGGING OF WELL BORE ONLY Liability under bond is retained pending receipt of C-103 (Specifically for Subsequent Report of Well Plugging) which may be found at OCD web page www.emnrd.state.nm.us/ocd PULL-OUT DOWNHOLE COMPLETION TO:	<input type="checkbox"/> ABANDON <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>SUBSEQUENT REPORT OF:</b> REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input checked="" type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/>
OTHER: <input type="checkbox"/>	OTHER: <input type="checkbox"/>	

13. Describe proposed or completed operation. Fully state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 19-2-7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

- 12-04-12 - RIH, TAG @ 4996' spot 30 sks @ 4996' disp to 4702'
- 12-05-12 - move up and spot 30 sks @ 4100' disp to 3808', WOC, RIH, & TAG @ 4098' spot 40 sks @ 4098', disp to 3706' WOC, RIH & TAG @ 3732'
- 12-06-12 - RIH, & Set PKR @ 2194' R/U, wire-line, RIH, Perf & Sqz @ 2850' est-rate, well pressured up called OCD. Told us to frop 50' and spot 50 sks @ 2901', disp to 2407' WOC, RIH & TAG @ 2290', Perf & Sqz 100sks, set PKR, @ 763' RIH, Perf & Sqz @ 1265' est rate Sqz, 55 sks @ 1265', Perf & Sqz, to 1200' WOC, RIH, TAG @ 1120'
- 12-07-12 - I/D excess tbg RIH, Perf & Sqz @ 362', est rate Sqz 220 sks @ 362', Perf & Sqz to Surface & Circ & Verify, TOC, move off

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 [Signature] TITLE Representative DATE 01-17-2013  
 Type or print name Robert Holden E-mail address: rholden@keyenergy.com PHONE: 432-523-5155  
**For State Use Only**

APPROVED BY: [Signature] TITLE DIST. MGR DATE 1-23-2013  
 Conditions of Approval (if any):

P.M.