

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

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

WELL API NO. 20-025-35692  
 5. Indicate Type of Lease  
 STATE  FEE   
 6. State Oil & Gas Lease No.  
 7. Lease Name or Unit Agreement Name  
 BAXTER CULP 31  
 8. Well Number: 5  
 9. OGRID Number: 4323  
 10. Pool name or Wildcat Monument  
 Tubb Drink, ABO

**SUNDRY NOTICES AND REPORTS ON WELLS** RECEIVED  
 (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  
 2. Name of Operator  
 Chevron USA INC.  
 3. Address of Operator  
 15 Smith Road Midland, TX 79705  
 4. Well Location  
 Unit Letter FP: 330' feet from the South line and 330' feet from the East line  
 Section 31 Township 19-S Range 37-E NMPM County Lea  
 11. Elevation (Show whether DR, RKB, RT, GR, etc.)  
 3560' GL

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

<b>NOTICE OF INTENTION TO:</b> PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> DOWNHOLE COMMINGLE <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 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.

- 2-18-13 - Talked to Kay of the OCD, about , conformation # 2013 080154
- 02-19-13 - R/U , services unit, Tag CIBP@ 5578',
- 02-19-13 - Circ 40 bbls B/W ahead mix 30 sks salt gel w/ 100 bbls B/W,
- 02-20-13 - Spot 25 sks Class C 5578' - 5325',
- 02-20-13 - Spot 55 sks Class C 2 % CaClz 2650' - 2225' WOC & TAG
- 02-21-13 - Spot 25 sks Class C w/2% CaClz , 1230'- 985' WOC & TAG
- 02-21-13 - Perf & Sqz @ 480' , Circ 160 sks Class C 480' - surface
- 02-22-13 - Verify cement @ surface , Job finished well complete

Approved for plugging or well bore only.  
 Liability under bond is retained pending receipt of C-103 (Subsequent Report of Well Plugging) which may be found at OCD Web Page under Forms, www.cmnrd.state.nm.us/oed.

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 02/28/2013

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 3-12-2013  
 Conditions of Approval (if any):

[Handwritten initials]

MAR 13 2013 [Handwritten initials]