Submit 1 Copy To Appropriate District Office District I – (575) 393-6161 State of New Mexico Energy, Minerals and Natural Resources	Form C-103 Revised August 1, 2011 WELL API NO.
District II – (575) 748-1283 HOBBS OCDOIL CONSERVATION DIVISION 811 S. First St., Artesia, NM 88210 District III – (505) 334-6178 1220 South St. Francis Dr. 1000 Rio Brazos Rd., Aztec, NM 87410 1 2013 Santa Fe, NM 87505 Santa Fe, NM 87505	30-025-23031 5. Indicate Type of Lease STATE X FEE 6. State Oil & Gas Lease No.
SUNDRYNOTICES 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 QUAIL QUEEN UNIT
1. Type of Well: Oil Well Gas Well Other Injection Well	8. Well Number 8
2. Name of Operator CHEVRON USA, INC.	9. OGRID Number 4323
3. Address of Operator 15 Smith Road Midland, TX 79705	10. Pool name or Wildcat QUAIL; QUEEN
4. Well Location	
Unit Letter K: 2080' feet from the South line and 1980' feet from the West line Section 11 Township 19S Range 34E NMPM County Lea	
11. Elevation (Show whether DR, RKB, RT, GR, etc.)	
3976' GR	
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. P AND A	
PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT JOB	
DOWNHOLE COMMINGLE	
OTHER: OTHER: Note Pool	ol Name X
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.	
Sundry filed to show correct pool name.	
R-Order 12952. Effective 11/1/2007. OPER. OGRID NO. 4323	
PROPERTY NO. 310684	
PROPERITY	50450
FOOL CODE	
FF. DATE	
RA NO	
Spud Date: Rig Release Date:	
I hereby certify that the information above is true and complete to the best of my knowledge	a and haliaf
Thereby certify that the information above is true and complete to the best of my knowledge	e and benef.
SIGNATURE Jug TITLE Regulatory Specialist II	DATE <u>06/28/2013</u>
Type or print name Bryan Arrant E-mail address: bryan.arrant@chl	c.com PHONE: (405)935-3782
APPROVED BY TITLE DIST NOW	DATE 7-2-2013
Conditions of Approval (if any):	JUL 0 2 2013
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