Submit I Copy To Appropriate District Office	State of New Mexico	Form C-103
District 1 - (575) 393-6161	Energy, Minerals and Natural Reso	urces Revised August 1, 2011 WELL API NO.
1625 N. French Dr., Hobbs, NM 88240 <u>District II</u> – (575) 748-1283	HOESS OCD	20.025.26221
811 S. First St., Artesia, NM 88210	OIL CONSERVATION DIVIS	5. Indicate Type of Lease
<u>District III</u> – (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410	JUL 01 21220 South St. Francis Dr. Santa Fe, NM 87505	STATE X FEE
<u>District IV</u> – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM	Santa Fe, NM 67303	6. State Oil & Gas Lease No.
87505	RECFINERS	
(DO NOT USE THIS FORM FOR PROPODIFFERENT RESERVOIR. USE "APPLI	ICES AND REPORTS ON WELLS SALS TO DRILL OR TO DEEPEN OR PLUG BACK TO CATION FOR PERMIT" (FORM C-101) FOR SUCH	7. Lease Name or Unit Agreement Name QUAIL QUEEN UNIT
PROPOSALS.)  1. Type of Well: Oil Well	Gas Well Other Injection Well	8. Well Number 3Y
2. Name of Operator		9. OGRID Number
CHEVRON		4323
3. Address of Operator 15 Smith R Midland, T	oad V 70705	10. Pool name or Wildcat
4. Well Location	X 19103	QUAIL; QUEEN
	1841' feet from the South lin	e and 759' feet from the East line
Section 11	Township 19S Range 34E	
Section 11	11. Elevation (Show whether DR, RKB, R7	
1977	3960' GR	And the second s
12. Check	Appropriate Box to Indicate Nature of	Notice, Report or Other Data
NOTICE OF IN	ITENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK		DIAL WORK ALTERING CASING
TEMPORARILY ABANDON	<u> </u>	ENCE DRILLING OPNS. P AND A
PULL OR ALTER CASING	MULTIPLE COMPL	G/CEMENT JOB
DOWNHOLE COMMINGLE		
OTHER:		: Note Pool Name
	leted operations. (Clearly state all pertinent	details, and give pertinent dates, including estimated date
of starting any proposed we proposed completion or rec		ultiple Completions: Attach wellbore diagram of
Sundry filed to show correct pool	name.	4323
R-Order 12952. Effective 11/1/2007.  OPER. OGRID NO. 42725		
R-Order 12932. Effective 11/1/2007.  PROPERTY NO. 310684		
FOOL CODE 50450		
	30-1	025-2622)
	AH NO	
	<u> </u>	
Spud Date:	Rig Release Date:	
•		
I hereby certify that the information	above is true and complete to the best of my	knowledge and helief
Thereby certify that the information	above is tractand complete to the best of my	knowledge and benef.
[h. ]	/ / / /	
SIGNATURE /// //	TITLE Regulatory Spec	ialist II DATE 06/28/2013
Type or print name Bryan Arrant	E-mail address: bryan.a	rrant@chk.com PHONE: (405)935-3782
For State Use Only		1110 NE. (403)333-3782
5//	TITLE DEST. MA	V5 727-12
APPROVED BY: Conditions of Approval (if any)	TITLE USI. WA	GZ DATE 7-2-2013
Conditions of Approvar (II any)		JUL 0 2 2013
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		<b>V</b> • ····