

Submit 3 Copies To Appropriate District Office  
 District I  
 1625 N. French Dr., Hobbs, NM 88240  
 District II  
 1301 W. Grand Ave., Artesia, NM 88210  
 District III  
 1000 Rio Brazos Rd., Aztec, NM 87410  
 District IV  
 1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico  
 Energy, Minerals and Natural Resources

Form C-103  
 May 27, 2004

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

WELL API NO.  
 30-025-24066

5. Indicate Type of Lease  
 STATE  FEE

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name  
 Jal Water System

8. Well Number: 4

9. OGRID Number

10. Pool name or Wildcat  
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**SUNDRY NOTICES AND REPORTS ON WELLS**  
 (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM 62) FOR SUCH PROPOSALS.)

1. Type of Well: Oil Well  Gas Well  Other: Water Well

2. Name of Operator  
 Chevron USA Inc.

3. Address of Operator  
 P.O. Box 7139, Midland, Texas, 79708

4. Well Location  
 Unit Letter B : 1313 feet from the North line and 1327 feet from the East line  
 Section 16 Township 24S Range 36E NMPM County Lea

11. Elevation (Show whether DR, RKB, RT, GR, etc.)  
 3390' DF Est.

Pit or Below-grade Tank Application  or Closure   
 Pit type STEEL Depth to Groundwater 312 Distance from nearest fresh water well over 1000 Distance from nearest surface water \_\_\_\_\_  
 Pit Liner Thickness: \_\_\_\_\_ mil Below-Grade Tank: Volume \_\_\_\_\_ bbls; Construction Material \_\_\_\_\_

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

<b>NOTICE OF INTENTION TO:</b>		<b>SUBSEQUENT REPORT OF:</b>	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input checked="" type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input 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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

1. Notified NMOCD 24 hrs. prior to MI&RU.
2. RIH, Tagged PBTD @ 3,699' (CIBP@3,734'+35' cmt.).
3. Displaced hole w/MLF, 9.5 ppg brine w/12.5 gel p/bbl.
4. Spotted 70sx of cement from 3,383'-3,183' (B. salt).
5. Spotted 70sx of cement from 1,400'-1,200' (T. salt).
6. Spotted 90sx of cement from 460'-200, WOC Tagged@202' (13-3/8" shoe, fresh water).
7. Spotted 23sx of cement from 50'-surface (surface).
8. Installed dry hole marker on 6-29-2006.

Approved as to plugging of the Well Bore.  
 Liability under bond is retained until surface restoration is completed.

I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines , a general permit  or an (attached) alternative OCD-approved plan .

SIGNATURE Jimmy Bagley TITLE Manager DATE 6/29/2006

Type or print name Jimmy Bagley E-mail address: Telephone No. (432) 561-8600

**For State Use Only**  
 APPROVED BY: Hayward Winkler TITLE FIELD REPRESENTATIVE II/STAFF MANAGER DATE JUL 05 2006  
 Conditions of Approval (if any):