

DISTRICT I

P.O. Box 1980, Hobbs, NM 88240

DISTRICT II

P.O. Box Drawer DD, Artesia, NM 88210

DISTRICT III

1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

| | |
|--|--|
| WELL API NO. | 30 025 22023 |
| 5. Indicate Type of Lease | STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/> |
| 6. State Oil / Gas Lease No. | 648530 |
| 7. Lease Name or Unit Agreement Name | SARKEYS, S. J. |
| 8. Well No. | 5 |
| 9. Pool Name or Wildcat | TUBB OIL & GAS |
| 10. Elevation (Show whether DF, RKB, RT, GR, etc.) | 3391' GR |

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMITS
(FORM C-101) FOR SUCH PROPOSALS.

1. Type of Well: OIL WELL ☒ GAS WELL ☐ OTHER

2. Name of Operator
CHEVRON USA INC

3. Address of Operator
15 SMITH ROAD, MIDLAND, TX 79705

4. Well Location
Unit Letter C : 330 Feet From The NORTH Line and 2310 Feet From The WEST Line
Section 26 Township 21S Range 37E NMPM LEA COUNTY

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

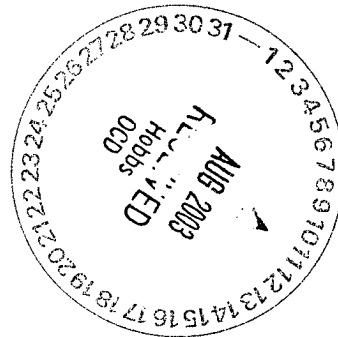
REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPERATION ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: ☒ RETURN WELL TO PRODUCTION

12. 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.

1-14-02: REPAIR WELLHEAD & RETURN WELL TO PRODUCTION.

PUMPING 7 OIL, 72 MCF, & 4 WATER.

PLEASE REMOVE THE SUBJECT WELL FROM THE SHUT-IN WELL LIST.



I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Denise Leake

TITLE Regulatory Specialist

DATE 8/8/2003

TYPE OR PRINT NAME

Denise Leake

Telephone No. 915-687-7375

(This space for State Use)

APPROVED Gary W. Wink

CONDITIONS OF APPROVAL, IF ANY:

TITLE

OC FIELD REPRESENTATIVE II/STAFF MANAGER

DATE

AUG 11 2003

DeSoto/Nichols 12-93 ver 1.0