

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
 March 4, 2004

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

WELL API NO.	30-025-20583
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name	State D.C
8. Well Number	#2
9. OGRID Number	
10. Pool name or Wildcat	Penrose/Blineberry/Drinkard/Paddock

SUNDRY NOTICES 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.)

1. Type of Well:
 Oil Well Gas Well Other

2. Name of Operator
 Chevron Midcontinent L.P.

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

4. Well Location
 Unit Letter E : 2310 feet from the North line and 886 feet from the West line
 Section 19 Township 21-S Range 37-E NMPM Lea County

11. Elevation (Show whether DR, RKB, RT, GR, etc.)

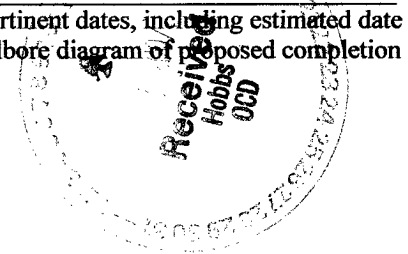
Pit or Below-grade Tank Application (For pit or below-grade tank closures, a form C-144 must be attached)
 Pit Location: UL E Sect 19 Twp 21S Rng 37E Pit type Steel Depth to Groundwater 148' Distance from nearest fresh water well _____
 Distance from nearest surface water _____ Below-grade Tank Location UL _____ Sect _____ Twp _____ Rng _____ ;
2310 feet from the North line and 886 feet from the West line (Steel Tank)

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

NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
PLUG AND ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
CHANGE PLANS <input type="checkbox"/>	PLUG AND ABANDONMENT <input checked="" type="checkbox"/>
PURPOSE TO ALTER CASING <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>
MULTIPLE COMPLETION <input type="checkbox"/>	OTHER: <input type="checkbox"/>

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 NM OCD 24 hrs prior to RU
2. RIH in string #2 set 2 7/8 CIBP 5800'
3. RIH in String #3 set 2 7/8 CIBP @ 5150
4. String # 1 unable to set CIBP RIH to 6600' spot 135 sx frm 6600' to 1200' Tag cmt @ 1320'
5. Tag 2 7/8 CIBP. Spot 115 sx cmt frm 5800' to 1200'. Tag cmt @ 1272'
6. Tag 2 7/8 CIBP @ 5150' spot 100 sx plug frm 5150' to 1200', tag cmt @ 1331'



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 4-2-07
 Type or print name _____ E-mail address: _____
Approved as to plugging of the Well Bore. Liability under bond is retained until surface restoration is completed.

(This space for State use)

APPROVED BY Harry W. Wink TITLE FIELD REPRESENTATIVE II/STAFF MANAGER DATE APR 09 2007
 Conditions of approval, if any _____

THE OIL CONSERVATION DIVISION
 BE NOTIFIED 24 HOURS
 BEFORE BEGINNING OF PLUGGING OPERATION

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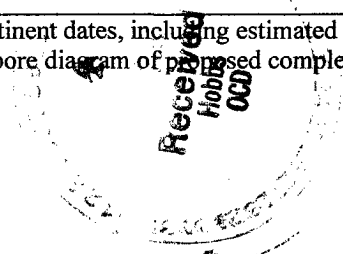
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PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input checked="" type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPLETION <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: <input type="checkbox"/>	

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- 7. String 4 unable to set CIBP spot 70 sx plug frm 3750' to 1200' tag cmt @ 1318
- 8. Cut 4 String @ 1150 unable to pull
- 9. Spot 30 sx on string 2-3-4 frm 1200' to surf
- 10. String #1 spot 20 sx frm 1200' to 400' tag @ 423
- 11. String #1 Perf @ 400' circ cmt frm 400' to surf w/ 140 sx 2 7/8 x 10 3/4 csg.
- 12. Install Dry Hole Marker 3/30/07



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 [Signature] TITLE MANAGER DATE 4-2-07
 Type or print name Jimmy Bagley E-mail address: _____ Telephone No. 432-561-8600

(This space for State use)

APPROVED BY _____ TITLE _____ DATE _____

Conditions of approval, if any: