

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.	30-025-32107
5. Indicate Type of Lease	STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil / Gas Lease No.	
7. Lease Name or Unit Agreement Name	B.F. HARRISON 'B'
8. Well No.	11
9. Pool Name or Wildcat	LANGLIE MATTIX, 7 RIVERS QUEEN-GRAYBURG
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	GL-3312'

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 PERMI  
(FORM C-101) FOR SUCH PROPOSALS.

1. Type of Well:	OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>
2. Name of Operator	CHEVRON USA INC
3. Address of Operator	15 SMITH RD, MIDLAND, TX 79705
4. Well Location	Unit Letter <u>C</u> : <u>560</u> Feet From The <u>N</u> Line and <u>2100</u> Feet From The <u>W</u> Line Section <u>9</u> Township <u>23-S</u> Range <u>37-E</u> NMPM <u>LEA</u> COUNTY
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	GL-3312'

11. 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"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPERATION <input type="checkbox"/>
OTHER: <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: <input type="checkbox"/> ADD'L INFO <input checked="" type="checkbox"/>

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.

7-30-07: MIRU. TIH W/BIT & TAG @ 4200. PUMP 125 BBLS. NO CIRC.  
7-31-07: TIH W/PKRS. PUH MARK SETTINGS.  
8-01-07: ACIDIZE PERFS 3730-3940 W/4700 GALS 15% HCL. REL PKR. PUH TO 3670. SET PKR.  
8-02-07: SWABBING.  
8-03-07: SWABBING.  
8-06-07: REL PKR. TIH W/BPMAJ, PERF SUB, SN, 2 7/8" TBG, & TAC. TIH W/2" INSERT PUMP & RODS.  
8-07-07: HANG WELL ON. LOAD & TEST. RIG DOWN. FINAL REPORT.



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

SIGNATURE Denise Pinkerton TITLE Regulatory Specialist DATE 8/8/2007  
TYPE OR PRINT NAME Denise Pinkerton Telephone No. 432-687-7375

(This space for State Use)

APPROVED Gayle W. Wink TITLE OC FIELD REPRESENTATIVE II/STAFF MANAGER DATE AUG 16 2007  
CONDITIONS OF APPROVAL, IF ANY: