State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

Submit 3 copies to Appropriate
District Office

<u>DISTRICT I</u>	OIL CONSERVA	ATI	ON DIVISION	WELL API NO		
P.O. Box 1980, Hobbs, NM 88240	P.O. Box 2088			30-025-29731		
Santa Fe, New Mexico 87504-2088			5 Indicate Type of Lease			
P.O. Box Drawer DD, Artesia, NM 88210				STATE FEE	太	
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410				6. State Oil / Gas Lease No. 880140	•	
SUNDRY NO	TICES AND REPORTS ON	WEL	LS			
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMI" 7.				7. Lease Name or Unit Agreement Name		
	C-101) FOR SUCH PROPOSA		- EKIVII	C.H. WEIR 'B'		
1. Type of Well OIL GAS WELL WELL □ OTHER						
Name of Operator CHEVRON USA INC				8. Well No		
3. Address of Operator 15 SMITH RD, MIDLAND, TX 79705				9. Pool Name or Wildcat		
4. Well Location				SKAGGS; ABO (GAS)		
Unit Letter A:	990 Feet From The	NORT	TH Line and 330	Feet From TheEASTLine		
Section 11	Township20S	F	Range 37E NM	MPM LEA_ COUNTY		
	10 Elevation (Show whether D	F, RKB,	RT,GR, etc.) 3600 KB		Mr.	
11. Check A	appropriate Box to Indicat	te Nat	ure of Notice, Report,	or Other Data	,	
NOTICE OF INTENTION	ON TO:		SU	JBSEQUENT REPORT OF:		
PERFORM REMEDIAL WORK	PLUG AND ABANDON		REMEDIAL WORK	ALTERING CASING		
TEMPORARILY ABANDON	CHANGE PLANS		COMMENCE DRILLING OPE	ERATION PLUG AND ABANDONMENT		
PULL OR ALTER CASING		_	CASING TEST AND CEMEN	IT JOB		
OTHER			OTHER:	RECOMPLETE TO THE ABO & DHC	V	
proposed work) SEE RULE 1103. 8-16-07: MIRU. 8-17-07: TIH W/BIT. 8-20-07: TAG @ 6929. DRILL 6929-69 8-21-07: TIH W/SHOE & TAG @ 6930 8-22-07: TAG @ 6970.DRILL TO 7125 8-23-07: TAG @ 7054 DRILL TO 7125 8-24-07: TAG @ 7127. DO DN TO 719 8-27-07: PERF 7077-7084, 7112-7115. 8-28-07: PUMP 5000 GALS 15% NEFI 8-29-07: SWAB. 8-30-07: UNSET PKR. 8-31-07: TIH W/PMP & RODS. 9-04-07: LOAD & TEST PUMP ACTION	. WASH DN TO 6970. 5, & 7127. 4. , 7131-7135,7140-7144. SET PI E HCL.			TEST.	13141576	
9-18-07: ON 24 HR OPT. PUMPING 6			We come fill the	Trage of the state		
•	DIL GAS		WATER	1618		
TUBB 3			6	20212233		
DRINKARD ABO 1	2 19 59		4 34			
I hereby certify that the information above is true and complete			04			
SIGNATURE MISSE IN	kecton TITLE	Regu	latory Specialist	DATE11/5/2007		
TYPE OR PRINT NAME D	enise Pinkerton			Telephone No. 432-687-73	75	

APPROVED Laur W. L CONDITIONS OF APPROVAL IF ANY:

COC PUBLIC REPRESENTATIVE INSTAFF MANAGER DATE

NOV 2 1 2007