Submit 3 copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

DISTRICT! OIL CONCEDIVATION DIVISION			
DO Box 1980 Hobbs NM 88240	WELL API NO		
DISTRICT II	30-025-06844		
P O Box Drawer DD, Artesia, NM 88210 Santa Fe, New Mexico 87504-2088	5 Indicate Type of Lease STATE FEE F		
DISTRICT III			
1000 Rio Brazos Rd , Aztec, NM 87410	6 State Oil / Gas Lease No		
SUNDRY NOTICES AND REPORTS ON WELLS			
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO	7 Lease Name or Unit Agreement Name		
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMI (FORM C-101) FOR SUCH PROPOSALS.	EUNICE KING		
1 Type of Well OIL GAS OTHER			
2 Name of Operator	8 Well No		
CHEVRON USA INC	8 /		
3 Address of Operator 15 SMITH RD, MIDLAND, TX 79705	9 Pool Name or Wildcat PENROSE SKELLY GRAYBURG		
4 Well Location			
Unit Letter H 1980' Feet From The NORTH Line and 660'	Feet From The <u>EAST</u> Line		
Section 28 Township 21-S Range 37-E N	MPM <u>LEA</u> COUNTY		
10 Elevation (Show whether DF, RKB, RT,GR, etc.) 3435' GL			
Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data			
NOTICE OF INTENTION TO:	UBSEQUENT REPORT OF:		
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK	ALTERING CASING		
COMMENCE DELLING			
TENT OVANIET ABANDON			
- SEE STATE ET STONE	ADD PERFS & ACID STIM & SCALE SQZ		
OTHER OTHER	ADD FERT 3 & ACID STIM & SCALE SQ2		
Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent proposed work) SEE RULE 1103	dates, including estimated date of starting any		
01-21-08: MIRU. PMP 110 BBLS TO KILL WELL. 01-22-08: TIH W/BIT & TAG @ 4777. 01-23-08: N/A 01-24-08. PERF 3670-74, 3851-55, 3886-94, 3898-3902, 3908-18 SET PKR @ 3605. 01-25-08 SPOT ACID ACR PERFS 3918-3908 W/5100 GALS ACID 01-28-08 SWABBING. 01-30-08. PMP 150 BBLS TO KILL WELL 01-31-08: TIH W/2 7/8" TBG EOT @ 4073. 02-01-08: TIH W/PMP & RODS TEST TBG TO 500#. RIG DOWN. FINAL REPORT			

RECEIVED

FEB - 5 2008

HOBBS OCD

DeSoto/Nichols 12-93 ver 1 0

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I hereby certify that the information above is true a	and complete to the best of my knowledge and belief TITLE Regulatory Specialist	DATE <u>2</u> /	4/2008
TYPE OR PRINT NAME	Denise Pinkerton	Telephone No	432-687-7375
(This space for State Use) APPROVED CONDITIONS OF APPROVAL, IF A	Selliame TITLEDC DISTRICT SUPERVISOR/GENERAL MANAGEATE	MAR 1	