

OIL CONSERVATION DIVISION

1220 South St. Francis Dr.

Santa Fe, NM 87505

WELL API NO. 30-025-34509	✓
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 Brunson Argo (26773)	✓
8. Well Number 27	✓
9. OGRID Number 241333	✓
10. Pool name or Wildcat Wantz;Abo & Drinkard	✓

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
15 Smith Road, Midland, TX 79705

4. Well Location
Unit Letter B : 950 feet from the North line and 1650 feet from the East line
Section 9 Township 22S Range 37E NMPM Lea County ✓

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
3423'

12. 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 ☐ MULTIPLE COMPL ☐
DOWNHOLE COMMINGLE ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ P AND A ☐
CASING/CEMENT JOB ☐

OTHER: ☐

OTHER: ☐

13. 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. Finish scanning tbg and lay down all but yellow band.
2. GIH and set RBP at 6150'.
3. Pressure test csg to 500 psi.
4. Circ well with corrosion inhibited fresh water.
5. Hang remaining yellow band tbg in well.
6. Install flanged non-slip type wellhead.
7. Notify NMOCD and pressure test casing while recording test chart.

Condition of Approval : Notify OCD Hobbs
office 24 hours prior to running MIT Test & Chart

Spud Date:

Rig Release Date:

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

SIGNATURE

Wendi Kingston

TITLE

Regulatory Team Lead

DATE

10/2/08

Type or print name

Wendi Kingston

E-mail address:

Wendi.Kingston@chevron.com

PHONE:

4326877826

For State Use Only

OCD FIELD REPRESENTATIVE II/STAFF MANAGER

OCT 07 2008

APPROVED BY:

Caryll W. Hill

TITLE

DATE

Conditions of Approval (if any):