

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
 Minerals and Natural Resources
RECEIVED
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 CONSERVATION DIVISION
 1220 South St. Francis Dr.
 Santa Fe, NM 87505

Form C-103
 March 4, 2004

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 <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		WELL API NO. 30-025-20142
2. Name of Operator Chevron USA, Inc.		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
3. Address of Operator #15 Smith Rd., Midland, TX 79705		6. State Oil & Gas Lease No.
4. Well Location Unit Letter <u>A</u> : <u>330</u> feet from the <u>North</u> line and <u>330</u> feet from the <u>East</u> line Section <u>25</u> Township <u>21-S</u> Range <u>36-E</u> NMPM <u>Lea</u> County		7. Lease Name or Unit Agreement Name W.A. Ramsey NCT-B
11. Elevation (Show whether DR, RKB, RT, GR, etc.)		8. Well Number 3
9. OGRID Number 4323		10. Pool name or Wildcat Tubb Oil and Gas

Pit or Below-grade Tank Application (For pit or below-grade tank closures, a form C-144 must be attached)

Pit Location: UL A Sect 25 Twp 21-S Rng 36-E Pit type Steel Depth to Groundwater _____ Distance from nearest fresh water well over 1000
 Distance from nearest surface water _____ Below-grade Tank Location UL _____ Sect _____ Twp _____ Rng _____ ;
330 feet from the North line and 330 feet from the East line

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"/>	PLUG AND ABANDON <input checked="" 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"/>		OTHER <input type="checkbox"/>	

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.

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| 1. Notify OCD 24 hrs. prior to MI P&A Equip. 10/20 | 7. Perf@462', Squeeze 125sx Class C Cmt 10/26 Tag Toc@240', 10/27/09 |
| 2. Spot 25sx Class C Cmt@5090'-4990' 10/21 | 8. Perf@100' Circ 65sx Class C Cmt Down 9 5/8 Csg out @Perf & up 9 5/8x13 3/8 ANN to Surf Tag@Surf 10/27 |
| 3. Disp 315 BBL MLF 10/21 | 9. Install Dry Hole Marker 10/27/09 |
| 4. Perf@3778', No Squeeze Spot 140sx Class C Cmt 3828', Tag Toc@3252' 10/23/09 | |
| 5. Spot 70sx Class C Cmt@2585' 10/23/09 Tag Toc@2343' 10/26/09 | |
| 6. Perf@1300' Squeeze 115sx Class C Cmt Tag Toc@1081' 10/26/09 | |

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 10/29/09
 Type or print name Jimmy Bagley E-mail address: _____ Telephone No. 432 561-8600

(This space for State use)

APPROVED BY Camilo A. Lopez TITLE DISTRICT 1 SUPERVISOR DATE 10/29/09

Conditions of approval, if any:

Approved for plugging of well bore only.
 Liability under bond is retained pending receipt of C-103 (Subsequent Report of Well Plugging) which may be found at OCD Web Page under Forms, www.cmnr.state.nm.us/ocd.