

# RECEIVED

APR 05 2010

Form C-103  
March 4, 2004

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  
Energy, Minerals and Natural Resources  
**HOBBSOCD**  
OIL CONSERVATION DIVISION  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

<p><b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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)</p> <p>1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/></p> <p>2. Name of Operator Chevron USA, Inc.</p> <p>3. Address of Operator #15 Smith Rd., Midland, Tx 79705</p> <p>4. Well Location Unit Letter <u>F</u> : <u>1980</u> feet from the <u>North</u> line and <u>1780</u> feet from the <u>West</u> line Section <u>36</u> Township <u>17-S</u> Range <u>34E</u> NMPM <u>Lea</u> County <u></u></p> <p>11. Elevation (Show whether DR, RKB, RT, GR, etc.)</p>		<p>WELL API NO. 30-025-20382</p> <p>5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/></p> <p>6. State Oil &amp; Gas Lease No.</p> <p>7. Lease Name or Unit Agreement Name New Mexico -0- State NCT-1</p> <p>8. Well Number 11</p> <p>9. OGRID Number</p> <p>10. Pool name or Wildcat Vacuum; Abo, North</p>
--	--	--

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

Pit Location: UL F Sect 36 Twp 17S Rng 34E 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 :  
1980 feet from the North line and 1780 feet from the West line

## 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 COMPLETION ☐  
OTHER ☐

### SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS ☐ PLUG AND ABANDONMENT ☒  
CASING TEST AND CEMENT JOB ☐  
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 Notified OCD 24 hrs prior to MIRU to P & A equipment 3/2/10
- 2 M&P 200sx Class H Cmt Z-String 3/10/10 Tag Toc 7146' 3/11/10
- 3 M&P 125sx Class H Cmt@6250' Down Z String Out & Down X&Y String 3/12/10 Tag@6131' 3/15/10
- 4 Squeezed 50sx Class C Cmt@6131' Down Z String Out@Perfs & Up X&Y String 3/15/10  
Tag Toc Z String 5938 X String 5075' Y String 4870' 3/16/10
- 5 Squeezed 75sx Class C Cmt Down Z String & Up X String 3/24/10 Tag Toc Z String 3990' X String 3600' 3/25/10
- 6 Perf@2915' X, Y, & Z String Squeeze 150sx Class C Cmt 3/25/10 Tag Toc X String 2130' Y String 2121' & Z String 2451 3/26/10

- 7 Perf X, Y, Z String@1730' Circ Cmt Thru X&Y String to Surface Squeeze Cmt into Perfs
- 8 Perf@450' Squeezed 305sx Class C Cmt Down 4 1/2 & Up 4 1/2x10 3/4 & 10 3/4x13 3/8 ANN To Surface Tag@Surface 3/29/10
- 9 Install Dry Hole Marker 3/30/10

Approved for plugging of well bore only.  
Liability under bond is retained pending receipt of C-103 (Subsequent Report of Well Plugging)

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 as ☒ attached and approved plan ☐.

SIGNATURE Jimmy Bagley TITLE MANAGER DATE 3-31-10  
Type or print name Jimmy Bagley E-mail address: sunsetwellservice@yahoo.com Telephone No. 432-561-8600

(This space for State use)

APPROVED BY [Signature] TITLE State Manager DATE 4-6-10  
Conditions of approval, if any: