

Submit To Appropriate District Office Two Copies District I 1625 N. French Dr., Hobbs, NM 88240 District II 1301 W. Grand Avenue, 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 Oil Conservation Division 1220 South St. Francis Dr. Santa Fe, NM 87505				Form C-105 July 17, 2008				
		<div style="position: relative; width: 100%;"> <div style="position: absolute; top: -20px; left: 0; font-weight: bold; font-size: 1.2em;">RECEIVED</div> <div style="position: absolute; top: -20px; right: 0; font-weight: bold; font-size: 1.2em;">RECEIVED</div> <div style="position: absolute; top: 0; left: 0; font-weight: bold; font-size: 1.2em;">DEC 17 2010</div> <div style="position: absolute; top: 0; right: 0; font-weight: bold; font-size: 1.2em;">HOBBS</div> </div>								
		1. WELL API NO. 30-025-33635								
		2. Type of Lease <input checked="" type="checkbox"/> STATE <input type="checkbox"/> FEE <input type="checkbox"/> FED/INDIAN								
		3. State Oil & Gas Lease No.								
WELL COMPLETION OR RECOMPLETION REPORT AND LOG										
4. Reason for filing: <input checked="" type="checkbox"/> COMPLETION REPORT (Fill in boxes #1 through #31 for State and Fee wells only) <input type="checkbox"/> C-144 CLOSURE ATTACHMENT (Fill in boxes #1 through #9, #15 Date Rig Released and #32 and/or #33; attach this and the plat to the C-144 closure report in accordance with 19.15.17.13.R.N.M.A.C.)										
5. Lease Name or Unit Agreement Name MONUMENT 12 STATE										
6. Well Number: <div style="text-align: center;">4</div>										
7. Type of Completion: <input type="checkbox"/> NEW WELL <input type="checkbox"/> WORKOVER <input type="checkbox"/> DEEPENING <input checked="" type="checkbox"/> PLUGBACK <input type="checkbox"/> DIFFERENT RESERVOIR <input type="checkbox"/> OTHER										
8. Name of Operator CHEVRON U.S.A. INC.										
9. OGRID 4323										
10. Address of Operator 15 SMITH ROAD, MIDLAND, TEXAS 79705										
11. Pool name or Wildcat MONUMENT; DRINKARD NORTH										
12. Location	Unit Ltr	Section	Township	Range	Lot	Feet from the	N/S Line	Feet from the	E/W Line	County
Surface:	L	12	19-S	36-E		1650	SOUTH	990	WEST	LEA
BH:										
13. Date Spudded 11-07-10	14. Date T.D. Reached	15. Date Rig Released 11-14-10		16. Date Completed (Ready to Produce) 11-09-10		17. Elevations (DF and RKB, RT, GR, etc.) 3733' GL				
18. Total Measured Depth of Well 7496'		19. Plug Back Measured Depth		20. Was Directional Survey Made? NO		21. Type Electric and Other Logs Run N/A				
22. Producing Interval(s), of this completion - Top, Bottom, Name 6760-6784' DRINKARD										
23. CASING RECORD (Report all strings set in well)										
CASING SIZE	WEIGHT LB./FT.	DEPTH SET		HOLE SIZE		CEMENTING RECORD		AMOUNT PULLED		
NO CHANGE										
24. LINER RECORD						25. TUBING RECORD				
SIZE	TOP	BOTTOM	SACKS CEMENT	SCREEN		SIZE	DEPTH SET		PACKER SET	
						2 7/8"	6623'			
6760-70, 6771-76, 6780-84						27. ACID, SHOT, FRACTURE, CEMENT, SQUEEZE, ETC.				
						DEPTH INTERVAL		AMOUNT AND KIND MATERIAL USED		
						6760-6784'		ACIDIZE W/100 GALS 15% NEFE		
28. PRODUCTION										
Date First Production		Production Method (<i>Flowing, gas lift, pumping - Size and type pump</i>)				Well Status (<i>Prod. or Shut-in</i>)				
12-04-10		PUMPING				PROD				
Date of Test	Hours Tested 24 HRS	Choke Size	Prod'n For Test Period	Oil - Bbl	Gas - MCF	Water - Bbl.	Gas - Oil Ratio			
12-06-10				21	30	59	1428			
Flow Tubing Press.	Casing Pressure	Calculated 24- Hour Rate	Oil - Bbl.	Gas - MCF	Water - Bbl.	Oil Gravity - API - (<i>Corr.</i>)				
29. Disposition of Gas (<i>Sold, used for fuel, vented, etc.</i>)						30. Test Witnessed By				
SOLD										
31. List Attachments										
32. If a temporary pit was used at the well, attach a plat with the location of the temporary pit.										
33. If an on-site burial was used at the well, report the exact location of the on-site burial:										
Latitude _____ Longitude _____ NAD 1927 1983										
I hereby certify that the information shown on both sides of this form is true and complete to the best of my knowledge and belief										
Signature <i>Denise Pinkerton</i>		Printed Name DENISE PINKERTON Title REGULATORY SPECIALIST Date 12-14-2010								
E-mail Address leakejd@chevron.com										