## State of New Mexico

| to Appropriate  | Energy, Minerals and Natural  | Form C-103<br>Revised 1-1-89 |                                      |                       |              |
|---|---|------------------------------|--------------------------------------|-----------------------|--------------|
| District Office   | <b></b>   |                              | 110.202                              |                       |              |
| DISTRICT I  | 1980, Hobbs NM 88241-1980 2040 Pacheco St. TII Santa Fe, NM 87505   |                              | WELL API NO.<br>30-025-34533         |                       |              |
| P.O. Box 1980, Hobbs NM 88241-1980  |   |                              |                                      |                       |              |
| DISTRICT II P.O. Drawer DD, Artesia, NM 88210   |   |                              | 5. Indicate Type of                  | Lease<br>STATE        | FEE          |
| DISTRICT III<br>1000 Rio Brazos Rd., Aztec, NM 87410  |   |                              | 6. State Oil & Gas I                 |                       |              |
| SUNDRY NOT  | ICES AND REPORTS ON WEL   | LS                           |                                      |                       |              |
| (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.) |   |                              | 7. Lease Name or Unit Agreement Name |                       |              |
| 1. Type of Well: OIL GAS WELL X WELL  | OTHER   | _                            | MONUMENT 36 S                        | TATE                  |              |
| 2. Name of Operator   |   |                              | 8. Well No.                          |                       |              |
| Chevron U.S.A. Inc.  3. Address of Operator   |   | 9. Pool name or Wildcat      |                                      |                       |              |
| P.O. Box 1150, Midland, TX  | 79702   |                              | GOODWIN: ABO                         |                       |              |
| 4. Well Location Unit Letter H : 2178   | B Feet From The NORTH   | Line and 62                  | 0 Feet From                          | The EAST              | Line         |
| Section 36  | Township 18S B  | sange 36E                    | NMPM                                 | LEA                   | County       |
| Section 30  |   | her DF, RKB, RT, GR, etc     |                                      |                       |              |
| <i>(</i>  | <u>/////////////////////////////////////</u>  | 3744                         | D 4 O4                               | <u> </u>              |              |
| -   | opropriate Box to Indicate NTENTION TO:   |                              | SEQUENT I                            |                       | <b>F</b> :   |
| PERFORM REMEDIAL WORK   | PLUG AND ABANDON  | REMEDIAL WORK                |                                      | LTERING CASING        | ; <u>L</u>   |
| TEMPORARILY ABANDON   | CHANGE PLANS  | COMMENCE DRILLING            | OPNS. X P                            | LUG AND ABAND         | ONMENT L     |
| PULL OR ALTER CASING  |   | CASING TEST AND CE           | MENT JOB                             |                       |              |
| OTHER:  |   | OTHER:                       |                                      |                       |              |
| 12. Describe Proposed or Completed Ope<br>work) SEE RULE 1103.  | rations (Clearly state all pertinent de   | tails, and give pertinent da | tes, including estimat               | ed date of starting a | any proposed |
| CL "C": CIRC TO SURF. D   | 2/99. DRILLED TO 435', SET<br>BRILLED TO 2810', SET 8-5/8<br>TO 7468', SET 5-1/2" CSG @<br>TSTD 2000 PSI. | 3" CSG @ 2810'. CM           | TD W/900 SX CL                       | "C";                  |              |
|   |   |                              |                                      |                       |              |
|   |   |                              |                                      |                       |              |
|   |   |                              |                                      |                       |              |
|   |   |                              |                                      |                       |              |
| I hereby certify that the information above is t  | // .  |                              |                                      |                       |              |
| SIGNATURE   | lly tr  | TLE REGULATORY O.A.          |                                      | DATE6/                | 28/99        |
| TYPE OR PRINT NAME J. K. RIPLEY   |   |                              | T                                    | ELEPHONE NO. (915     | )687-7148    |
| (This space for SOPIGINAL SIGNE   | DBY   |                              |                                      |                       |              |
| GARY WINK<br>FIELD REP. I   |   | TI F                         |                                      | DATE                  | 46K 5.7      |

CONDITIONS OF APPROVAL, IF ANY: