Form C-103 State of New Mexico Submit 3 Copies To Appropriate District Office gy, Minerals and Natural Resources Revised March 25, 1999 District I WELL API NO. 1625 N. French Dr., Hobbs, NM 87240 30-025-05950 District II OIL CONSERVATION DIVISION 811 South First, Artesia, NM 87210 5. Indicate Type of Lease 2040 South Pacheco District III 1000 Rio Brazos Rd., Aztec, NM 87410 STATE  $\square$ FEE X Santa Fe, NM 87505 District IV 6. State Oil & Gas Lease No. 2040 South Pacheco, Santa Fe, NM 87505 SUNDRY NOTICES AND REPORTS ON WELLS 7. Lease Name or Unit Agreement Name: (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: G. C. MATTHEWS Oil Well X Gas Well Other 2. Name of Operator 8. Well No. Chevron U.S.A. Inc. Address of Operator 9. Pool name or Wildcat P.O. Box 1150 Midland, TX MONUMENT: PADDOCK 4. Well Location 660 Unit Letter feet from the SOUTH 1650 line and feet from the line Section દ Township Range 37E **NMPM** County LEA 10. Elevation (Show whether DR, RKB, RT, GR, etc.) 11. Check Appropriate Box to Indicate, Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK **ALTERING CASING TEMPORARILY ABANDON CHANGE PLANS** COMMENCE DRILLING OPNS. **PLUG AND** X **ABANDONMENT PULL OR ALTER CASING MULTIPLE** CASING TEST AND COMPLETION **CEMENT JOB** OTHER: OTHER: 12. 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 recompilation. POH W/TBG. SPOTTED 25 SX CMT 5233'-4987'; TAGGED @ 5060'. SPOTTED 50 SX CMT 3602'-3267'; TAGGED @ 3279'. SPOTTED 30 SX CMT @ 2403'-2254'; TAGGED @ 2236'. SPOTTED 30 SX CMT @ 1052'-903'; CALC TOC @ 903'. SPOTTED 75 SX CMT @ 345'-SURF. FILLED CSG W/5 SX CMT. SET MARKER; CLEANED LOCATION. P&A'D 4/27/01 I hereby certify that the information above is true and complete to the best of my knowledge and belief. TITLE REGULATORY O.A. DATE. Type or print name Telephone No. (This space for State use) TITLE APPROVED BY DATE Conditions of approval, if any:

GWW