Su¹ mit 3 Copies To Appropriate District State of New Mexico Form C-103 Office -En. y, Minerals and Natural Resources Revised March 25, 1999 District I 1625 N. French Dr., Hobbs, NM 87240 WELL API NO. District II 30-025-35461 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 x Santa Fe, NM 87505 FEE 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: EUNICE MONUMENT SOUTH UNIT Oil Well 🕱 Gas Well 2. Name of Operator 8. Well No. Chevron U.S.A. Inc. 560 3. Address of Operator 9. Pool name or Wildcat P.O. Box 1150 Midland, TX 79702 EUNICE MONUMENT; GRAYBURG-SAN ANDRES 4. Well Location Unit Letter 1290 feet from the line and 1370 feet from the line Section 36 Township **20S** Range 3**6**E County LEA 10. Elevation (Show whether DR, RKB, RT, GR, etc.) 3538 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 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. SPUDDED 12-1/4" HOLE 4/10/01. DRILLED TO 500', SET 9-5/8" CSG. CMTD W/350 SX CL "C", CIRC TO SURF. DRILLED TO 4045', SET 7" CSG. CMTD W/850 SX CL "C", CIRC TO SURF. I hereby certify that the information above is true and complete to the best of my knowledge and belief. **SIGNATURE** TITLE REGULATORY O.A. _DATE_ 4/27/01 Type or print name .T. Telephone No. (915) 687-7148 (This space for State use) APPROVED BY_ TITLE

Conditions of approval, if any: