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State of New Mexico

Form C-103 Revised 1-1-89

Ener Minerals and Natural Resources Department DISTRICT OIL CONSERVATION DIVISION P.O. Box 1980, Hobbs, NM 88240 WELL API NO. P.O. Box 2088 30-025-06900 Santa Fe, New Mexico 87504-2088 P.O. Drawer DD, Artesia, NM 88210 5. Indicate Type of Lease DISTRICT III STATE FEE XX 1000 Rio Brazos Rd., Aziec, NM 87410 6. State Oil & Gas Lease No. SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" 7. Lease Name or Unit Agreement Name (FORM C-101) FOR SUCH PROPOSALS.) L. Type of Weil: MET XX H. T. Mattern NCT-B 2. Name of Operator & Well No. Chevron U.S.A. Inc. 3. Address of Operator 9. Pool name or Wildean P.O. Box 670, Hobbs, NM Penrose Skelly -GB 88240 Weil Location 2310 Feet From The South 330 East Line and Feet From The Line Section 21S Township Range 37E **NMPM** Lea County 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 34831 Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data 11. NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING TEMPCRARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT **PULL OR ALTER CASING** CASING TEST AND CEMENT JOB OTHER: OTHER: cleanout, acidize, frac 12. Describe Processed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed Work performed: 5-16-89 thru 5-20-89 TD: 3813 PB: 3790 POH w/production equipment. Establish circulation w/air foam. Cleanout 3776-3790. Circulate clean. Acidize open hole 3652-3790 w/1000 gallons 15%, swab. Frac open hole 3652-3790 w/20,000 gallons gelled BW and 35,500 1bs 20/40 sand. Close in overnight. Swab. Establish circ. w/air foam. Cleanout to 3790. Circulate clean. TIH w/ 2 3/8" production tbg to 3752'. Turn over to production.

| I hereby certify that the information above is true and complete to the best of my knowledge and belief. | | |
|--|-------------|---------------|
| SIGNATURE L. L. S. S. MOLLO | Tech. Asst. | |
| TYPE OR PRINT NAME | | TELEPHONE NO. |
| (This space for State Use) ORIGINAL SIGNED BY JERRY SEXTON DISTRICT CURED WAS A | | MAY 2 5 1989 |
| APTROVED BY DISTRICT I SUPERVISOR | mte | DATE |