Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240
DISTRICT II
P.O. Drawer Dd, Artesia, NM 88210
DISTRICT III
1000 Rio Brazos Rd., Aztec, Nm 87410

API NO. (assigned by OCD on New Wells)
30-025-08762

5. Indicate Type of Lease
STATE [ ] FEE [X]

6. State Oil & Gas Lease No.
N/A

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" (FORM C-101) FOR SUCH PROPOSALS.)

7. Lease Name or Unit Agreement Name
HARRY LEONARD (NCT-D)

1. Type of Well:
OIL WELL [ ] GAS WELL [X] OTHER

2. Name of Operator
CHEVRON U.S.A. INC.

8. Well No.
5

3. Address of Operator
P.O. BOX 1150 MIDLAND, TX 79702 ATTN: NITA RICE

9. Pool name or Wildcat
JALMAT TANSIL YATES 7-RVRS

4. Well Location
Unit Letter B : 660 Feet From The NORTH Line and 1980 Feet From The EAST Line
Section 3 Township 22S Range 36E NMPM LEA County

10. Elevation(Show whether DF, RKB, RT, GR, etc.)
3552' GL

11 Check Appropriate Box to Indecate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK [ ] PLUG AND ABANDON [ ]
TEMPORARILY ABANDON [ ] CHANGE PLANS [ ]
PULL OR ALTER CASING [ ]
OTHER: [ ]

SUBSEQUENT REPORT OF:

REMEDIAL WORK [ ] ALTER CASING [ ]
COMMENCE DRILLING OPNS. [ ] PLUG AND ABAN. [ ]
CASING TEST AND CMT JOB [ ]
OTHER: PLUGBACK NEW ZONE [X]

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.

WORK STARTED 07/01/94. MIRU, ND WH, NU BOP. RUN GR/CCL/CNL F/3700'-1700'. SET CIBP @3736'. PERF F/3390'-3105'. DUMP 35' CMT ON TOP CIBP. ACDZ PERFS W/150 GALS 15% HCL. SWAB. FRAC PERFS W/56,000 GALS 50Q CO2 LINEAR GEL & 186,000 LBS OF 12/20 BRADY SD. ND WH, NU BOP. TURN WELL OVER TO PRODUCTION 07/12/94.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Wendi Kingston TITLE TECH. ASSISTANT DATE: 08/04/94

TYPE OR PRINT NAME WENDI KINGSTON TELEPHONE NO. (915)687-7436

APPROVED BY TITLE DATE AUG 08 1994

CONDITIONS OF APPROVAL, IF ANY: