Submit 3 Copies to Appropriate District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

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

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

WELL API NO. 30-025-08767

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

6. State Oil & Gas Lease No. B 1732

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 USA Inc

8. Well No. 16

3. Address of Operator: PO Box 1150 Midland Tx 79702 Attn E.O. Doherty Rm [illegible]

9. Pool name or Wildcat: Jalmat Yates 7 Rivers

4. Well Location
Unit Letter O : 660 Feet From The South 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.)

11. Check Appropriate Box to Indicate 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 [ ]
- ALTERING CASING [ ]
- COMMENCE DRILLING OPNS. [ ]
- PLUG AND ABANDONMENT [ ]
- CASING TEST AND CEMENT JOB [ ]
- OTHER: Plug back Perf Acdz Frac [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.

RU set CIBP @ 3760' Dump 4 sx cmt on top TD? @ 3720' Perf [illegible] 0° phasing 1 JSPF total of 30 holes Acdz perfs w/4000 gal 15% NEFE Frac perfs w/36500 gals gel + 106 tons CO2 + 149000# sand Flow test well. Run rods + tubing turn well over to production

Work started 1/11/91
Ended 1/17/91

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

SIGNATURE E O Doherty TITLE T.A. Drlg DATE 1/28/91

TYPE OR PRINT NAME E. O. DOHERTY TELEPHONE NO. 915 687-7812

(This space for State Use)

APPROVED BY ______ TITLE ______ DATE ______

CONDITIONS OF APPROVAL, IF ANY: