Submit 3 Copies to Appropriate District Offices

1. Type of Well:

OIL WELL X

2. Name of Operator

3. Address of Operator

P. O. BOX 1150

4. Well Location

CHEVRON U.S.A., INC.

Unit Letter

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

GAS WELL

MIDLAND, TX 79702

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION WELL API NO. 310 Old Santa Fe Trail, Room 206 30-025-34845 Santa Fe, New Mexico 87503 5. Indicate Type of Lease STATE X FEE 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 7. Lease Name or Unit Agreement Name DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) EUNICE MONUMENT SOUTH UNIT OTHER

_ Line and ___ 184

8. Well No.

9. Pool name or Wildcat

EUNICE MONUMENT; GRAYBURG-SA

Line

_ Feet From The WEST

554

Section Township 20S 31 Range 37E NMPM LEA County 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 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 TEMPORARILY ABANDON CHANGE PLANS** COMMENCE DRILLING OPNS. **PLUG AND ABANDON PULL OR ALTER CASING CASING TEST AND CEMENT JOB** OTHER: COMPLETION OTHER:

12. Describe Proposed or Completed Operations work) SEE RULE 1103. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed

2490 Feet From The SOUTH

DO TO 3936'. SET CIBP @ 3936', TSTD 1000#. LOGGED. PERFD 3706-11'. SQZD W/75 SX CMT; TAGGED @ 3572'. DO TO 3718', CIRC; TSTD SQZ 500# 15 MIN. DO CMT TO 3755'. WASHED TO 3934'. PERFD 3717'-3926' W/3 JHPF. ACZD W/3500 GALS 15% & 350 RCNB'S. SWABBED. ACZD W/6000 GALS 15%. SWABBED. RIH W/TBG, PUMP & RODS; TBG @ 3717'.

I hereby certify that the information above is true and complete to the best of my knowledge and belief. TITLE REGULATORY O.A. DATE 06/26/2000 SIGNATURE. TYPE OR PRINT NAME J. K. RIPLEY TELEPHONE NO. (915)687-7148 (This space for State Use) deline. APPROVED BY DATE