Submit 3 Copies to Appropriate

## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revisied 1-1-89

Dietrict Office OIL CONSERVATION DIVISION			
P.O. Box 2088			
DISTRICT I Santa Fe, New Mexico 87504-20	38		
P.O. Box 1980, Hobbe, NM 88240		API NO. (sessigned by OCD on New Wells)	
DISTRICT II		30-025-04444	
P.O. Drawer Dd, Artesia, NM 88210 DISTRICT III	5. Indicate Type	<del></del>	
1000 Rio Brazos Rd., Aztec, Nm 87410	o. maidate //pc	STATE X FEE	
	6. State Oil & G	as Lease No.	
	002645		
SUNDRY NOTICES AND REPORTS ON WELLS			
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK T	O A 7. Lease Name o	or Unit Agreement Name	
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"		J. F. JANDA (NCT-D) COM	
(FORM C-101) FOR SUCH PROPOSALS.)			
1. Type of Well: OIL GAS			
WELL X OTHER			
2. Name of Operator	B. Well No.		
CHEVRON U.S.A. INC.		1	
3. Address of Operator	9. Pool name or		
P.O. BOX 1150 MIDLAND, TX 79702 ATTN: WENDI KINGSTON	Eumont;Yat	es-7 Rvrs-Queen(Pro Gas)	
4. Well Location Unit Letter  T: 1980 Feet From The SOUTH	ine and 660	D Feet From The WEST Line	
Section 2 Township 21S	ange 36E	NMPM LEA County	
10. Elevation(Show whether DF, RKB, RT, GR,	etc.)		
3534' GL			
11 Check Appropriate Box to Indecate Nature of Notice, Report, or Other Data			
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK	X	ALTER CASING	
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS.		PLUG AND ABAN.	
PULL OR ALTER CASING CASING TEST AND CMT JOB		<u></u>	
OTHER:			
12. Describe Proposed or Completed Operations(Clearly state all pertinent details, and give pertinent dates, including			
esticated date of starting any proposed work) SEE RULE 1103.			
MIRU 3/20/95, RUN CBL/GR/CCL LOG F/3110'-2000', PERF F/2930'-3006'.			
ACDZ PERFS W/150 GALS 15% HCL. FRAC PERFS W/34,000 GALS 500 LINEAR GEL			
AND 141,000 LBS 12/20 BRADY SD. RIH W/2 3/8" TBG TO 2832'. RDMO.			
TURN WELL OVER TO PRODUCTION 03/27/95.			
TORN WELL OVER TO PRODUCTION 03/27/99.			
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Thereby certify that the information above in true and complete to the best of my knowledge and belief.	DATE.	09/4/05	
SIGNITURE TECH. ASSISTANT	DATE:	08/4/95	
TYPE OR PRINT NAME WENDI KINGSTON	TELEPHONE NO.	(915)687-7826	
CRIGINAL CONTROL OF 1884 SERVE PM		OFD 11 word	

DATE