State of New Mexico Form C-103 Submit 3 Copies To Appropriate District Office Energy, Minerals and Natural Resources Revised March 25, 1999 District I WELL API NO. 1625 N. French Dr., Hobbs, NM 87240 30-025-04527 District II OIL CONSERVATION DIVISION 811 South First, Artesia, NM 87210 5. Indicate Type of Lease 2040 South Pacheco District III STATE FEE 😠 1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, NM 87505 District IV 6. State Oil & Gas Lease No. 2040 South Pacheco, Santa Fe, NM 87505 SUNDRY NOTICES AND REPORTS ON WELLS 7. Lease Name or Unit Agreement Name: (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.) 1. Type of Well: EUNICE MONUMENT SOUTH UNIT Oil Well X Gas Well Other 2. Name of Operator 8. Well No. Chevron U.S.A. Inc. 246 9. Pool name or Wildcat 3. Address of Operator EUNICE MONUMENT; GRAYBURG-SAN ANDRES P.O. Box 1150 Midland, TX 79702 4. Well Location 1980 feet from the Unit Letter feet from the line and line Township **NMPM** Section 215 Range 36E County LEA 10. Elevation (Show whether DR, RKB, RT, GR, etc.) 11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK **ALTERING CASING CHANGE PLANS** COMMENCE DRILLING OPNS. **PLUG AND TEMPORARILY ABANDON ABANDONMENT** CASING TEST AND **PULL OR ALTER CASING MULTIPLE** COMPLETION CEMENT JOB OTHER: ACZD \mathbf{x} OTHER: 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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation. POH W/PROD EOPT. ACZD 3779'-3976' W/3000 GALS 15% FOAMED HCL. SWAEBED. RIH W/TBG, PUMP & RODS; TBG @ 3960'. WORK PERFORMED 7/19/99 - 7/22/99 I hereby certify that the information above is true and complete to the best of my knowledge and belief. TITLE REGULATORY O.A. DATE_ 3/2/00 Type or print name J. K. Telephone No. (915)687-7148 (This space for State use) APPROVED BY TITLE DATE

Conditions of approval, if any: