Submit 3 Copies to Appropriate District Office

State of New Mexico

Energy, Minerals and Natural Resources Department Form C-103 Revised 1-1-89 OIL CONSERVATION DIVISION DISTRICT I P.O. Box 1980, Hobbs NM 88241-1980 WELL API NO. P.O. Box 2088 DISTRICT II 30-025-04548 Santa Fe, New Mexico 87504-2088 P.O. Drawer DD, Artesia, NM 88210 5. Indicate Type of Lease DISTRICT III STATE 📙 FEE X 1000 Rio Brazos Rd., Aztec, NM 87410 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 DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" 7. Lease Name or Unit Agreement Name (FORM C-101) FOR SUCH PROPOSALS.) 1. Type of Well: OIL CAMPBELL-HOUSTON GAS COM WELL WELL X OTHER 2. Name of Operator 8. Well No. Chevron U.S.A. Inc. 3. Address of Operator 9. Pool name or Wildcat P.O. Box 1150, Midland, TX 79702 EUMONT; YATES-7 RVRS-QUEEN (PRO GAS) 4. Well Location 1980 Unit Letter Feet From The South Line and 1980 Feet From The East Line 07 Section 21S Township Range 36E **NMPM** Lea County 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3594 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 ABANDONMENT PULL OR ALTER CASING CASING TEST AND CEMENT JOB OTHER: . ADDED PERFS 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. POH W/TBG. TAGGED FILL @ 3318'(4 SETS PERFS COVERED); PUH. PERFD 3284'-3570' W/4" 1 JHPF (20 HOLES). FRACD PERFS W/1400 GALS 7-1/2% HCL, 80,000 GALS GEL & 267,500# BS. CLEAN OUT TO 3624'; CIRC HOLE CLEAN. PERFD 2993'-3150' W/4" 1 JHPF (30 HOLES). FRACD W/1000 GALS 7-1/2% HCL, 51,000 GALS GEL & 182,500# BS. CLEAN OUT TO 3610', CIRC HOLE CLEAN. RIH W/TBG: SET @ 3398'. RETURNED WELL TO PRODUCTION. WORK PERFORMED 5/14/96 - 6/4/96 \ I hereby certify that the information above in true and complete to the best of my knowledge and belief. TITLE Technical Assistant DATE TYPE OR PRINT NAME J. K. RIPLEY TELEPHONE NO. (915)687-7148 (This space for State Use)

TITLE

CONDITIONS OF APPROVAL, IF ANY:

APPROVED BY