

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department
OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

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

API NO. (assigned by OCD on New Wells) 30-025-06578	
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>	
6. State Oil & Gas Lease No. N/A	
7. Lease Name or Unit Agreement Name NAOMI KEENUM	
8. Well No. 2	
9. Pool name or Wildcat BLINEBRY & TUBB	

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.)

1. Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	
2. Name of Operator CHEVRON U.S.A. INC.	
3. Address of Operator P.O. BOX 1150 MIDLAND, TX 79702 ATTN: NITA RICE	
4. Well Location Unit Letter <u>0</u> : <u>660</u> Feet From The <u>SOUTH</u> Line and Section <u>14</u> Township <u>21S</u> Range <u>37E</u> <u>1980</u> Feet From The <u>EAST</u> Line County <u>LEA</u>	
10. Elevation(Show whether DF, RKB, RT, GR, etc.) 3419' GL	

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CMT JOB <input type="checkbox"/>
OTHER: <input type="checkbox"/>	OTHER: <u>PLUG BLINEBRY</u> <input checked="" type="checkbox"/>
PLUG AND ABANDON <input type="checkbox"/>	ALTER CASING <input type="checkbox"/>
CHANGE PLANS <input type="checkbox"/>	PLUG AND ABAN. <input type="checkbox"/>

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.

WORK STARTED 07/27/94. MIRU, MILL OVER PKR @5662' AND 5875'. BTM PART OF OF PKR MISSING. WORKOVER FISH 6083'. NO FILL. BLEED WELL DN. POH W/FISH. SET RBP @5908'. SET 50 SX CL P AND 100 SX CL C. DRILL CMT 5577'-5810'. WASH OFF SD. ND BOP, NU WH. TURN WELL OVER TO PRODUCTION 08/04/94.

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

SIGNATURE Wendi Kingston TITLE TECH. ASSISTANT
TYPE OR PRINT NAME WENDI KINGSTON

DATE: 08/15/94

TELEPHONE NO. (915)687-7436

APPROVED BY DAVID J. SEXTON

TITLE SUPERVISOR

DATE AUG 17 1994

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

2A Blinebry S.A.O.