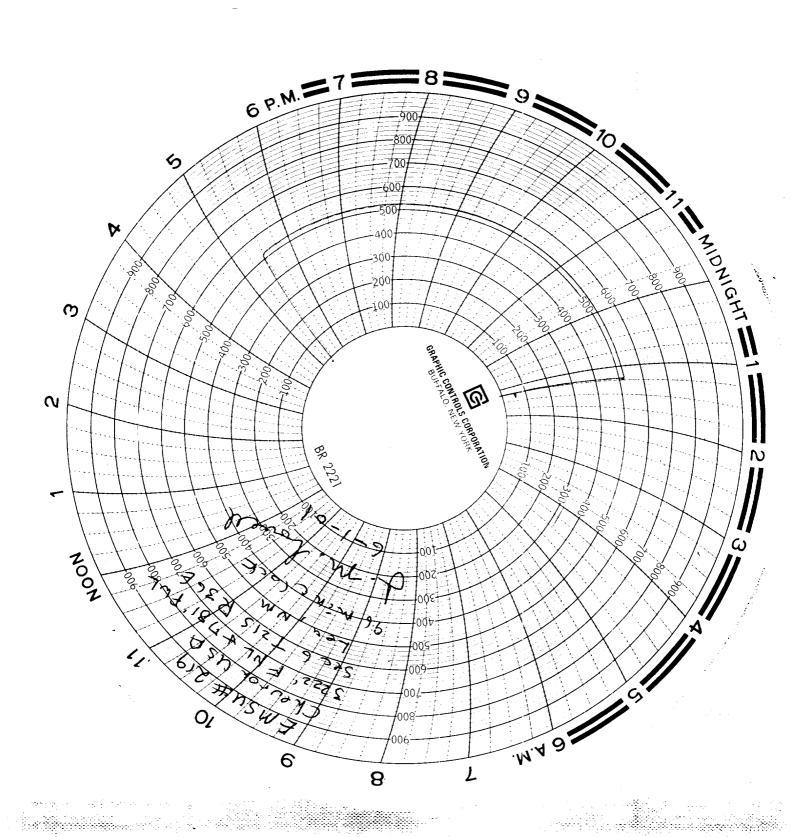
State of New Mexico Form C-103 Submit 3 Copies To Appropriate District Office Energy, Minerals and Natural Resources Revised March 25, 1999 District I WELL API NO. 1625 N. French Dr., Hobbs, NM 87240 <u>30-025-30225</u> District II OIL CONSERVATION DIVISION 811 South First, Artesia, NM 87210 5. Indicate Type of Lease 2040 South Pacheco District III FEE \square STATE 😠 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 3. Well No. Chevron U.S.A. Inc. 219 9. Pool name or Wildcat 3. Address of Operator P.O. Box 1150 Midland, TX 79702 BUNICE MONUMENT; GRAYBURG-SAN ANDRES 4. Well Location 781 feet from the_ 3222 NORTH Unit Letter __ feet from the line and line Township **NMPM** Section 215 Range 3**Œ** 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 TEMPORARILY ABANDON CHANGE PLANS** COMMENCE DRILLING OPNS. PLUG AND **ABANDONMENT** CASING TEST AND PULI. OR ALTER CASING **MULTIPLE** COMPLETION **CEMENT JOB** OTHER: OTHER: TA'D \mathbf{x} 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 EQPT. RAN CSG SCRAPER TO 3738'. SET CIBP @ 3700'. CIRC HOLE W/PKR FLUID. RAN MIT. TA'D 6/1/01 This Approval I hereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE. Type or print name J. K. RIPLEY Telephone No. (915)687-7148 (This space for State use)

DATE

APPROVED BY_

Conditions of approval, if any:



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