

Submit 3 Copies To Appropriate District  
Office  
District I  
1625 N. French Dr., Hobbs, NM 87240  
District II  
811 South First, Artesia, NM 87210  
District III  
1000 Rio Brazos Rd., Aztec, NM 87410  
District IV  
2040 South Pacheco, Santa Fe, NM 87505

State of New Mexico  
Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION  
2040 South Pacheco  
Santa Fe, NM 87505

Form C-103  
Revised March 25, 1999

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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.)		WELL API NO. <b>30-025-34846</b>
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator <b>Chevron U.S.A. Inc.</b>		6. State Oil & Gas Lease No.
3. Address of Operator <b>P.O. Box 1150 Midland, TX 79702</b>		7. Lease Name or Unit Agreement Name: <b>EUNICE MONUMENT SOUTH UNIT</b>
4. Well Location Unit Letter <b>12</b> : <b>2868</b> feet from the <b>NORTH</b> line and <b>335</b> feet from the <b>WEST</b> line Section <b>5</b> Township <b>21S</b> Range <b>36E</b> NMPM County <b>LEA</b>		8. Well No. <b>596</b>
10. Elevation (Show whether DR, RKB, RT, GR, etc.) <b>3575'</b>		9. Pool name or Wildcat <b>EUNICE MONUMENT; GRAYBURG-SAN ANDRES</b>

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
<b>NOTICE OF INTENTION TO:</b> PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPLETION <input type="checkbox"/> OTHER: <input type="checkbox"/>	<b>SUBSEQUENT REPORT OF:</b> REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> PLUG AND ABANDONMENT <input type="checkbox"/> CASING TEST AND CEMENT JOB <input type="checkbox"/> OTHER: <b>COMPLETED</b> <input checked="" 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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

DO CMT TO 4040'. CIRC CLEAN. PERFD 4020'-4030' W/3 JHFF. ACZD W/1000 GALS 15%.  
SWABED. SET RBP @ 4006'. PERFD 3791'-4003' W/3 JHFF. ACZD W/3000 GALS 15% & 275  
RCNB'S. SWABED. FRACD W/4500 GALS FOAM & 160 RCNB'S. SWABED. RIH W/TBG, PUMP  
& RODS; TBG @ 3958'.

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

SIGNATURE J. K. Ripley TITLE REGULATORY O.A. DATE 7/25/00

Type or print name J. K. RIPLEY Telephone No. (915) 687-7148

(This space for State use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
Conditions of approval, if any: \_\_\_\_\_