Form C-103 State of New Mexico Submit 3 Copies To Appropriate District Energy, Minerals and Natural Resources Office Revised March 25, 1999 District 1 WELL API NO. 1625 N. French Dr., Hobbs, NM 87240 30-025-34848 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 8. Well No. 2. Name of Operator 708 Chevron U.S.A. Inc. 9. Pool name or Wildcat 3. Address of Operator EUNICE MONUMENT; GRAYBURG-SAN ANDRES P.O. Box 1150 Midland, TX 79702 4. Well Location 1220 feet from the 1330 SOUTH line and_ feet from the_ line Unit Letter **NMPM** Township 21S Range 36E County LEA Section 10 10. Elevation (Show whether DR, RKB, RT, GR, etc.) 35781 11. Check Appropriate Box to Indicate, Nature of Notice, Report, or Other Data SUBSEQUENT REPORT OF: NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK **ALTERING CASING** COMMENCE DRILLING OPNS. PLUG AND **CHANGE PLANS** X **TEMPORARILY ABANDON** ABANDONMENT CASING TEST AND **PULL OR ALTER CASING MULTIPLE** COMPLETION CEMENT JOB OTHER: 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. SPUDDED 12-1/4" HOLE 2/19/00. DRILLED TO 505', SET 9-5/8" CSG. CEMENTED W/350 SX CL "C", CIRC TO SURF. DRILLED TO 3920', SET 7" CSG @ 3919'. CEMENTED W/800 SX CL "C", CIRC TO SURF. I hereby certify that the information above is true and complete to the best of my knowledge and belief. TITLE REGULATORY O.A. 3/6/00 _DATE_ SIGNATURE. Telephone No. Type or print name J (915)687-7148 (This space for State-use)

TITLE

APPROVED BY_

Conditions of approval, if any:

DATE