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 District II 30-025-34852 OIL CONSERVATION DIVISION 811 South First, Artesia, NM 87210 5. Indicate Type of Lease 2040 South Pacheco District III 1000 Rio Brazos Rd., Aztec, NM 87410 STATE x FEE 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 Gas Well Other 2. Name of Operator 8. Well No. Chevron U.S.A. Inc. 736 3. Address of Operator 9. Pool name or Wildcat P.O. Box 1150 Midland, TX EUNICE MONUMENT; GRAYBURG-SAN ANDRES 4. Well Location 208 Unit Letter feet from the 2490 line and feet from the line Section 15 Township **21**S Range 3Œ **NMPM** 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 PULL OR ALTER CASING MULTIPLE** CASING TEST AND 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 3/15/00. DRILLED TO 501', SET 9-5/8" CSG. CMTD W/350 SX CL "C", CIRC TO SURF. DRILLED TO 3925', SET 7" CSG @ 3924'. CMID W/750 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. **SIGNATURE** TITLE REGULATORY O.A. DATE_ Type or print name J. K. Telephone No. OBIGINAL SIGNED BY LINES WILLIAMS

DISTRICT I SUPERVISOR

TITLE

DATE

(This space for State use)

Conditions of approval, if any:

APPROVED BY