Form C-103 State of New Mexico Submit 3 Copies To Appropriate District Energy, Minerals and Natural Resources ()ffice Revised March 25, 1999 District I WELL API NO. 1625 N. French Dr., Hobbs, NM 87240 30-025-35158 OIL CONSERVATION DIVISION District II 811 South First, Artesia, NM 87210 5. Indicate Type of Lease 2040 South Pacheco District III STATE | x FEE \square Santa Fe, NM 87505 1000 Rio Brazos Rd., Aztec, NM 87410 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 Gas Well Oil Well X Other 8. Well No. 2. Name of Operator 597 Chevron U.S.A. Inc. 9. Pool name or Wildcat 3. Address of Operator P.O. Box 1150 Midland, TX 79702 EUNICE MONUMENT; GRAYBURG-SAN ANDRES 4. Well Location 2490 1190 feet from the line feet from the line and Unit Letter 36E **NMPM** County LEA Township 215 Range Section 10. Elevation (Show whether DR, RKB, RT, GR, etc.) 3571' 11. Check Appropriate Box to Indicate, Nature of Notice, Report, or Other Data SUBSEQUENT REPORT OF: NOTICE OF INTENTION TO: **ALTERING CASING** REMEDIAL WORK PERFORM REMEDIAL WORK PLUG AND ABANDON PLUG AND **CHANGE PLANS** COMMENCE DRILLING OPNS. \Box **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 12/14/00. DRILLED TO 530', SET 9-5/8" CSG. CMTD W/250 SX CL, "C", CIRC TO SURF. DRILLED TO 4050', SET 7" CSG. CMITD W/725 SX CL "C", CIRC TO SURF. 8*0U* I hereby certify that the information above is true and complete to the best of my knowledge and belief. _DATE_ **SIGNATURE**

Telephone No.

DATE

S. 12

(915) 687-7148

MAN IL I ZUBII

Type or print name J. K. RIPLEY

(This space for State use)

Conditions of approval, if any:

APPROVED BY

