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 30-025-35168 District.II OIL CONSERVATION DIVISION 811 South First, Artesia, NM 87210 5. Indicate Type of Lease 2040 South Pacheco District III FEE \square 1000 Rio Brazos Rd., Aztec, NM 87410 STATE x 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 \square Other 8. Well No. 2. Name of Operator Chevron U.S.A. Inc. 750 3. Address of Operator 9. Pool name or Wildcat P.O. Box 1150 Midland, TX EUNICE MONUMENT; GRAYBURG-SAN ANDRES 4. Well Location 1420 200 feet from the line and feet from the line Section 16 Township 218 Range 36E **NMPM** County LEA 10. Elevation (Show whether DR, RKB, RT, GR, etc.) 3567 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** \mathbf{x} **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 11/30/00. DRILLED TO 500', SET 9-5/8" CSG. CMTD W/350 SX CL "C", CIRC TO SURF. DRILLED TO 3950', SET 7" CSG. CMTD W/1100 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. DATE_ **SIGNATURE** 12/14/00 Type or print name J. K. Telephone No. RIPLEY Unication Scaned By CHRS WILLIAM (This space for State use) DISTRICT I SUPERVISOR APPROVED BY TITLE DATE

Conditions of approval, if any: