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

| WELL API NO. | 30-025-35419 |

5. Indicate Type of Lease
STATE ☒   FEE ☐

6. State Oil & Gas Lease No.

SUNDRY NOTICES AND REPORTS ON WELLS
(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:
   Oil Well ☒   Gas Well ☐   Other

7. Lease Name or Unit Agreement Name:

ARROWHEAD GRAYBURG UNIT

2. Name of Operator
Chevron U.S.A. Inc.

8. Well No.
324

3. Address of Operator
P.O. Box 1150 Midland, TX 79702

9. Pool name or Wildcat
ARROWHEAD;GRAYBURG

4. Well Location

Unit Letter ___I___ : __2590__ feet from the ___SOUTH___ line and _____60_____ feet from the ___EAST___ line

Section   35   Township 21S   Range 36E   NMPM   County   LEA

10. Elevation (Show whether DR, RKB, RT, GR, etc.)
3548'

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐   PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐   CHANGE PLANS ☐

PULL OR ALTER CASING ☐   MULTIPLE COMPLETION ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐   ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☒   PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

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 4/3/01. DRILLED TO 505', SET 9-5/8" CSG. CMTD W/350 SX
CL "C", CIRC TO SURF. DRILLED TO 3888', SET 7" CSG @ 3887'. CMTD 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.

SIGNATURE __J.K. Ripley__   TITLE _REGULATORY O.A._   DATE __4/24/01__

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: