

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department  
**OIL CONSERVATION DIVISION**  
P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

Form C-103  
Revised 1-1-89

**DISTRICT I**

P.O. Box 1980, Hobbs, NM 88240

**DISTRICT II**

P.O. Drawer Dd, Artesia, NM 88210

**DISTRICT III**

1000 Rio Brazos Rd., Aztec, Nm 87410

API NO. (assigned by OCD on New Wells) <b>30-025-10089</b>	
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>	
6. State Oil & Gas Lease No. <b>002680</b>	
7. Lease Name or Unit Agreement Name <b>MATTERN</b>	
8. Well No. <b>7</b>	
9. Pool name or Wildcat <b>Eumont; Yates-7 Rvrs-Queen(Pro Gas)</b>	
4. Well Location Unit Letter <b>N</b> : <b>330</b> Feet From The <b>SOUTH</b> Line and <b>1650</b> Feet From The <b>WEST</b> Line Section <b>7</b> Township <b>22S</b> Range <b>37E</b> NMPM <b>LEA</b> County	
10. Elevation(Show whether DF, RKB, RT, GR, etc.) <b>3438'</b>	

**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 <input type="checkbox"/> GAS <input type="checkbox"/> WELL <input type="checkbox"/> WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>	
2. Name of Operator <b>CHEVRON U.S.A. INC.</b>	
3. Address of Operator <b>P.O. BOX 1150 MIDLAND, TX 79702 ATTN: WENDI KINGSTON</b>	
11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	

<b>NOTICE OF INTENTION TO:</b>		<b>SUBSEQUENT REPORT OF:</b>	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input checked="" type="checkbox"/>	ALTER CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABAN. <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER: <input type="checkbox"/>	CASING TEST AND CMT JOB <input type="checkbox"/>	OTHER: <input type="checkbox"/>

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.

MIRU 3/10/95. CIRC HOLE CLEAN W/2% KCL. MIX & PUMP 100 SX CL C CMT,  
CIRC TO SURF & SQZ 30 SX INTO FORM.RIH W/2 3/8" TBG TO 3542'.  
TURN WELL OVER TO PRODUCTION 3/15/95.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Wendi Kingston TITLE TECH. ASSISTANT DATE: 08/4/95  
TYPE OR PRINT NAME WENDI KINGSTON TELEPHONE NO. (915)687-7826

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE AUG 24 1995  
CONDITIONS OF APPROVAL, IF ANY: