Submit 3 Copies To Appropriate District State of New Mexico Form C-103 Office Energy, Minerals and Natural Resources Revised March 25, 1999 District [1625 N. French Dr., Hobbs, NM 87240 WELL API NO. District [I OIL CONSERVATION DIVISION 30-025-10262 811 South First, Artesia, NM 87210 5. Indicate Type of Lease District III 2040 South Pacheco 1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, NM 87505 STATE | FEE x District IV 2040 South Pacheco, Santa Fe, NM 87505 6. State Oil & Gas Lease No. 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: Oil Well HUGH Gas Well Other 2. Name of Operator 8. Well No. Chevron U.S.A. Inc. 6 3. Address of Operator 9. Pool name or Wildcat P.O. Box 1150, Midland, TX 79702 TUBB OIL & GAS (PRO GAS) 4. Well Location Unit Letter 1980 feet from the NORTH 760 ___ feet from the___ EAST line and line Section 14 Township Range 37E **NMPM** County LFA 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 OF ALTER CASING MULTIPLE CASING TEST AND COMPLETION CEMENT JOB OTHER: ADD PERFS X 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. CIRC CLEAN FROM 6165'. PERF 5982-84', 6022-24', 6046-48', 6065-67', 6081-83' W/4 JHPF. ACZ W/3400 CALS 15% . SWAB. FRAC W/68,500 CALS FOAM & 193,500# SAND. FLOWBACK & SWAB. RIH W/TBG, PUMP & RODS. RETURN WELL TO PRODUCTION. 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 ___ 10/8/01 Type or print name J. K. Telephone No. (915)687-7148 (This space for State use)

TITLE

DATE

APPROVED BY

Conditions of approval, if any: