Submit 3 Copies To Appropriate District State of New Mexico Form C-103 Office Energy, Minerals and Natural Resources Revised March 25, 1999 District I 1625 N. French Dr., Hobbs, NM 87240 WELL API NO. District II OIL CONSERVATION DIVISION 30-025-12171 811 South First, Artesia, NM 87210 5. Indicate Type of Lease 2040 South Pacheco District III 1000 Rio Brazos Rd., Aztec, NM 87410 STATE | Santa Fe, NM 87505 FEE x 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: SCARBOROUGH ESTATE Oil Well **x** Gas Well 🔲 Other 2. Name of Operator 8. Well No. Chevron U.S.A. Inc. 3. Address of Operator 9. Pool name or Wildcat P.O. Box 1150 Midland, TX 79702 TUBB OIL & CAS (OIL) 4. Well Location Unit Letter 1980 SOUTH feet from the line and 660 EAST feet from the line Section 31 Township 225 Range 38E **NMPM** County LEA 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: PLUG AND ABANDON PERFORM REMEDIAL WORK REMEDIAL WORK **ALTERING CASING TEMPORARILY ABANDON CHANGE PLANS** COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT PULL OR ALTER CASING **MULTIPLE** CASING TEST AND COMPLETION **CEMENT JOB** OTHER: OTHER: PB TO TUBB X 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. POH W/PROD EQPT. SQZD 5464'-5820' W/150 SX CMT; TOC @ 5270'. DO CMT TO 6299'. PERFD 5984'-6285' W/4 JHPF. ACZD W/5500 GALS 15% & 180 RONB'S. SWABBED. FRACD W/68,500 GALS FOAM & 193,500# SAND. SWARBED. CO SAND TO 6285'. RIH W/TBG, PUMP & RODS; TBG @ 5700'. RETURNED WELL TO PRODUCTION. WORK PERFORMED 10/5/00 - 10/27/00 I hereby certify that the information above is true and complete to the best of my knowledge and belief. **SIGNATURE** 12/5/00 _DATE_ Type or print name Telephone No. (915)687-7148 (This space for State use)

TITLE

APPROVED BY_

Conditions of approval, if any:

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DATE