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 WELL API NO. 1625 N. French Dr., Hobbs, NM 87240 District II 30-025-12186 OIL CONSERVATION DIVISION 811 South First, Artesia, NM 87210 5. Indicate Type of Lease 2040 South Pacheco District III 1000 Rio Brazos Rd., Aztec, NM 87410 STATE X Santa Fe, NM 87505 FEE \square 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: T. R. ANDREWS Oil Well 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 PADDOCK, SOUTH 4. Well Location Unit Letter 560 feet from the NORTH line and 660 feet from the line Section 32 Township Range **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: PERFORM REMEDIAL WORK PLUG AND ABANDON 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 \mathbf{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. SET RBP @ 5400'. PERFD 5176'-5188' W/4 JHPF. ACZD W/2200 GALS 15% & 80 RCNB'S. SQZD PERFS W/150 SX CMT. DRLD CMT 5002'-5194'; WASHED TO 5304'. CIRC CLEAN. PERFD 5176'-5188' W/4 JHPF. ACZD W/2500 GALS 15% & 80 RCNB'S. RIH W/ TBG, PUMP & RODS; TBG @ 5256'. WELL IS UNPRODUCTIVE; WILL EVALUATE FOR FURTHER WORK. WORK PERFORMED 9/15/99 - 10/1/99 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_ Type or print name J. K. Telephone No. (This space for State use) DID WILLIAMS APPROVED BY TITLE Conditions of approval, if any: Blinebry 846

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