

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

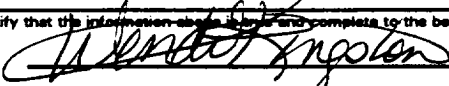
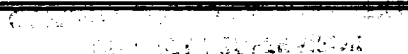
API NO. (assigned by OCD on New Wells) <b>30-025-25001</b>	
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>	
6. State Oil & Gas Lease No. N/A	
7. Lease Name or Unit Agreement Name H. T. MATTERN (NCT-D)	
8. Well No. 10	
9. Pool name or Wildcat DRINKARD/TUBB OIL & GAS	

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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 checked="" type="checkbox"/> WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	
2. Name of Operator CHEVRON U.S.A. INC.	
3. Address of Operator P.O. BOX 1150 MIDLAND, TX 79702 ATTN: NITA RICE	
4. Well Location Unit Letter <b>C</b> : <b>660</b> Feet From The <b>NORTH</b> Line and <b>1650</b> Feet From The <b>WEST</b> Line Section <b>22S</b> Township <b>22S</b> Range <b>27E</b> NADP <b>15E</b> County <b>...</b>	
10. Elevation(Show whether DF, RKB, RT, GR, etc.) <b>3464' GL</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"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CMT JOB <input type="checkbox"/>
OTHER: <input type="checkbox"/>	OTHER: <b>FRAC STIM</b> <input checked="" type="checkbox"/>
PLUG AND ABANDON <input type="checkbox"/>	ALTER CASING <input type="checkbox"/>
CHANGE PLANS <input type="checkbox"/>	PLUG AND ABAN. <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.

WORK STARTED 08/15/94. MIRU PU, ND WH, NU BOP. POH W/TBG. BLEED WELL DN.  
SPOT 1500 GALS 15% AT PERF 6700'. FRAC PERFS 6456'-6700' W/61,900 GALS  
50Q CO2 W/40# LINEAR GEL & 200,000 LBS 20/40 BRADY SD. FLUSH.  
C/O SD 65911'-6755'. ND BOP, NU WH. TURN WELL OVER TO PRODUCTION 08/25/94.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.	
SIGNATURE 	TITLE <b>TECH. ASSISTANT</b>
DATE: <b>09/15/94</b>	
TYPE OR PRINT NAME <b>WENDI KINGSTON</b>	
TELEPHONE NO. <b>(915)687-7826</b>	
APPROVED BY  DATE <b>SEP 19 1994</b>	
CONDITIONS OF APPROVAL, IF ANY:	

RECEIVED

SEP 16 1994

U.S. DEPT. OF JUSTICE  
FEDERAL BUREAU OF INVESTIGATION