Form C-103 State of New Mexico Submit 3 Copies To Appropriate District Energy, Minerals and Natural Resources Office Revised March 25, 1999 District I WELL API NO. 1625 N. French Dr., Hobbs, NM 87240 30-025-25003 District II OIL CONSERVATION DIVISION 811 South First, Artesia, NM 87210 5. Indicate Type of Lease 2040 South Pacheco District III STATE FEE \mathbf{x} 1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, NM 87505 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: HUGH Oil Well X Gas Well ... Other 2. Name of Operator 8. Well No. Chevron U.S.A. Inc. 10 3. Address of Operator Pool name or Wildcat P.O. Box 1150 Midland, TX 79702 WANTZ; ABO/DRINKARD/WANTZ; G-W 4. Well Location 950 Unit Letter feet from the NORTH line and 2290 feet from the line Section 14 Township 22S Range 37E 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 MULTIPLE PULL OR ALTER CASING** CASING TEST AND COMPLETION CEMENT JOB OTHER: OTHER: ADDED WANTZ; ABO-DEC 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. PERFD 6616'-7144' W/2 JHPF. ACZD W/4000 GALS 15% & 102 RCNB'S. SWABBED. FRACD W/16,000 GALS 20% ACID, 24,000 GALS 40# GEL & 60 RCNB'S. SWABBED. RIH W/TBG, PUMP & RODS; TBG @ 7401'. RETURNED WELL TO PRODUCTION. WORK PERFORMED 2/14/00 - 3/3/00

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 4/6/00

Type or print name J. K. RTPLEY

Telephone No. (915) 687-7148

APPROVED BY TITLE DATE

Conditions of approval, if any: