Form C-103 State of New Mexico Submit 3 Copies To Appropriate District Office Energy, Minerals and Natural Resources Revised March 25, 1999 District I WELL API NO. 1625 N. French Dr., Hobbs, NM 87240 District II 30-025-26286 OIL CONSERVATION DIVISION 811 South First, Artesia, NM 87210 5. Indicate Type of Lease 2040 South Pacheco District III STATE \square FEE 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: ALICE PADDOCK Oil Well Gas Well X Other 8. Well No. 2. Name of Operator Chevron U.S.A. Inc. 9. Pool name or Wildcat 3. Address of Operator P.O. Box 1150 Midland, TX 79702 TUBB OIL & GAS (PRO GAS) 4. Well Location 1980 SOUTH 2250 feet from the line and_ feet from the Unit Letter _ line 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 SUBSEQUENT REPORT OF: NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK **ALTERING CASING CHANGE PLANS** COMMENCE DRILLING OPNS. **PLUG AND** TEMPORARILY ABANDON **ABANDONMENT** CASING TEST AND **PULL OR ALTER CASING** MULTIPLE **CEMENT JOB** COMPLETION \mathbf{x} OTHER: OTHER: PLUGBACK 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 EOPT. SET CIBP @ 6700', DUMP 20' CMT ON TOP. PERFO 5992'-6266' W/4 JHPF. ACZD W/3,000 GALS 15% & 135 RCNB'S. FRACD W/68,500 GALS FOAM & 185,500# SAND. SWABBED. CO WELL TO 6655'. RIH W/TBG, PUMP & RODS; TBG @ 6304'. WORK PERFORMED 8/10/01 - 8/29/01

SIGNATURE J. K. RIPLEY

Type or print name J. K. RIPLEY

(This space for State use)

APPROVED BY TITLE DATE

Conditions of approval, if any:

I hereby certify that the information above is true and complete to the best of my knowledge and belief.