

OIL CONSERVATION DIVISION

DISTRICT I P.O. Box 1980, Hobbs, NM 88240
DISTRICT II P.O. Box Drawer DD, Artesia, NM 88210
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

P.O. Box 2088 Santa Fe, New Mexico 87504-2088

WELL API NO. 30-025-33920
5. Indicate Type of Lease STATE [checked] FEE []
6. State Oil / Gas Lease No.

SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMI (FORM C-101) FOR SUCH PROPOSALS.

1. Type of Well: OIL WELL [checked] GAS WELL [] OTHER []

2. Name of Operator CHEVRON USA INC

3. Address of Operator 15 SMITH ROAD, MIDLAND, TX 79705

4. Well Location Unit Letter N : 419' Feet From The SOUTH Line and 1801' Feet From The WEST Line
Section 12 Township 19-S Range 36-E NMPM LEA COUNTY

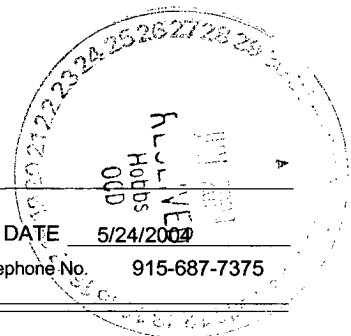
7. Lease Name or Unit Agreement Name MONUMENT STATE #12
8. Well No. 8
9. Pool Name or Wildcat MONUMENT ABO, NORTH

10. Elevation (Show whether DF, RKB, RT,GR, etc.) 3728' GL

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data
NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK [], PLUG AND ABANDON [], TEMPORARILY ABANDON [], PULL OR ALTER CASING [], OTHER []
SUBSEQUENT REPORT OF: REMEDIAL WORK [], ALTERING CASING [], COMMENCE DRILLING OPERATION [], PLUG AND ABANDONMENT [], CASING TEST AND CEMENT JOB [], OTHER: REQUEST FOR TA [checked]

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.
5-19-04: TIH W/CIBP TO 7200 & SET. TEST TO 500# FOR 30 MINS.
5-20-04: CHART FOR NMOCD - TEST WITNESSED BY JOHNNY ROBINSON. (ORIGINAL CHART & COPY OF CHART ATTACHED)
WELL IS TEMPORARILY ABANDONED. UNECONOMICAL TO PRODUCE. BEING EVALUATED FOR FUTURE USE.

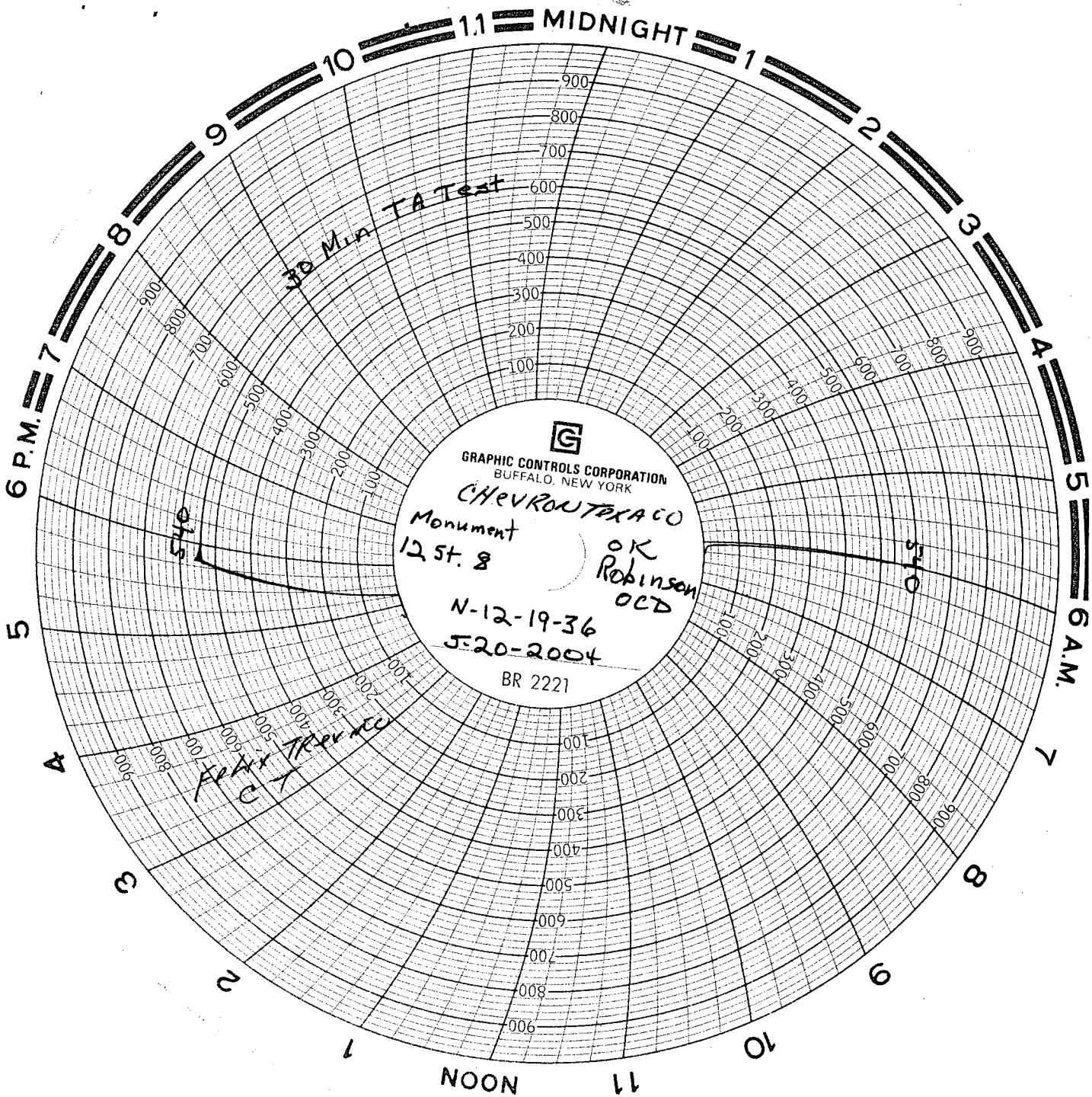
This Approval of Temporary Abandonment Expires 5/20/09



I hereby certify that the information above is true and complete to the best of my knowledge and belief.
SIGNATURE Denise Leake TITLE Regulatory Specialist DATE 5/24/2004

TYPE OR PRINT NAME Denise Leake Telephone No. 915-687-7375

(This space for State Use) APPROVED [Signature] TITLE OC FIELD REPRESENTATIVE II/STAFF MANAGER
CONDITIONS OF APPROVAL, IF ANY: DATE JUN 08 2004



GRAPHIC CONTROLS CORPORATION
BUFFALO, NEW YORK

CHEVRONTXACO
Monument
12 St. 8
OK Robinson
OCD
N-12-19-36
J-20-2004
BR 2221

30 Min TA Test

540

540

APC