Submit 3 copies to Appropriate District Office	Energy, Minerals and Natural Resources Department			esources Department	Form 0-103 <b>Revised 1-1-</b>			
OL CONSERVATION DIVISION					ELL API NO.			
P.O. Box 1980, Hobbs, NM 88240					30-025-29957			
Santa Fe, New Meyico 87504, 2088					5. Indicate Ty		·	
P.O. Box Drawer DD, Artesia, NM 88210  DISTRICT III						STATE	FEE [	
1000 Rio Brazos Rd., Aztec, NM 87410					6. State Oil / C	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.					7. Lease Name or Unit Agreement Name EUNICE MONUMENT SOUTH UNIT			
1. Type of Well: OIL GAS WELL OTHER								
2. Name of Operator CHEVRON USA INC					8. Well No.	123		
Address of Operator					Pool Name or Wildcat     GRAYBURG SAN ANDRES			
4. Well Location								
Unit L	.etterN:	660' Feet From The 20	SOUT	TH Line and 2287'	Feet From 7	The WEST	Line	
Sectio	on <u>25</u>	Township -24-S	F	Range 36-E NN	1PM	LEA	COUNTY	
		10. Elevation (Show whether	DF, RKB,	RT,GR, etc.) 3559' KB				
11.	Check App	ropriate Box to Indica	te Nat	ure of Notice, Report,	or Other D	ata		
NOTIC	E OF INTENTION	I TO:		SL	IBSEQUE	NT REPORT	OF.	
PERFORM REMED	_	LUG AND ABANDON		REMEDIAL WORK		ALTERING CASI		
TEMPORARILY ABA		HANGE PLANS		COMMENCE DRILLING OPE	ERATION -	PLUG AND ABAN	<u>-</u>	
PULL OR ALTER CA	LL OR ALTER CASING CASING TEST AND CEME				T JOB		_	
OTHER:	REQUEST TA	A STATUS	<b>V</b>	OTHER:			Ε	
CHEVRON INTEND  1) VERIFY DEAD I  2) MIRU PU. NDV  3) TIH W/GAUGE  4) TIH W/CIBP & S  5) CONTACT NMO  6) MIX & DUMP 2  7) PRESSURE TE	MAN ANCHORS HAVE WH. NUBOP. TOH. RING TO 3755'. IF HOL SET @ 3745'. DCD 24 HRS PRIOR TO SX CL C CMT ON CIBF ST TO 500 PSI. DISPL WELLBORE FLUI	BEEN SET & TESTED.	/4 3/4" E SURE TE	. THE INTENDED PROCE	3755'.	FOLLOWS:	8 79 20 27	
SIGNATURE  TYPE OR PRINT NAM  (This space for State Use)	ation above is trudent complete to the LANGE ME Deni	SE Leake  CATGINAL SIG	NED E	atory Specialist			/28/02 915-687-7375	
APPROVED	DDOVAL IT AND	GARY W. WIN	ik Becen	TATIVE II/STAFF MAN	IAGER			
BONDITIONS OF AP	PROVAL IF ANY:	III <del>  E</del> C_EIFLD REP	KEDEM	32×114 F 10/ 0 10 m 1	DATE			