

**UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT**
N.M. Oil Cons. Division
1625 N. French Dr.
HOBBS, NM 88240

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.

Use "APPLICATION FOR PERMIT -" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well: OIL WELL GAS WELL OTHER

2. Name of Operator
CHEVRON USA INC

3. Address and Telephone No. 15 SMITH ROAD, MIDLAND, TX 79705 915-687-737

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
Unit Letter L : 1980' Feet From The SOUTH Line and 920' Feet From The
WEST Line Section 24 Township 20-S Range 36-E

5. Lease Designation and Serial No.
LC-030143-b

6. If Indian, Abottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and Number
EUNICE MONUMENT SOUTH UNIT B
925

9. API Well No.
30-025-32122

10. Field and Pool, Exploaratory Area
EUNICE MONUMENT GRAYBURG S/A

11. County or Parish, State
LEA, NM

12. Check Appropriate Box(s) To Indicate Nature of Notice, Report, or Other Data

TYPE OF SUBMISSION	TYPE OF ACTION
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input checked="" type="checkbox"/> OTHER: <u>REQUEST TO TA</u>
	<input type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> Dispose Water

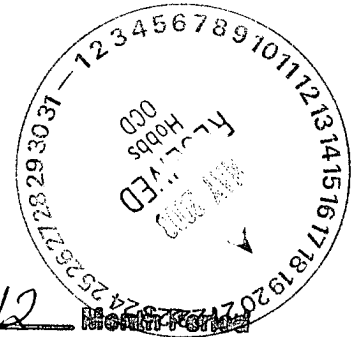
(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log Form.)

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.):

2-17-03: MIRU PU. LD RDS & PMP.
2-18-03: TIH W/BIT TO 3690'. TIH W/CIBP & 65 JTS TBG.
2-19-03: SET CIBP @ 3650'. TEST CSG TO 550 PSI FOR 30 MIN-OK. DISPL W/PKR FLUID. (ORIGINAL CHART & COPY OF CHART ATTACHED)

WELL IS TEMPORARILY ABANDONED.

*****Justification of TA Status: WELL IS UNECONOMICAL TO PRODUCE*****



TA Approved For 12 Months
Ending 2/19/04

14. I hereby certify that the foregoing is true and correct

SIGNATURE Denise Leake TITLE Regulatory Specialist DATE 4/8/2003

TYPE OR PRINT NAME Denise Leake

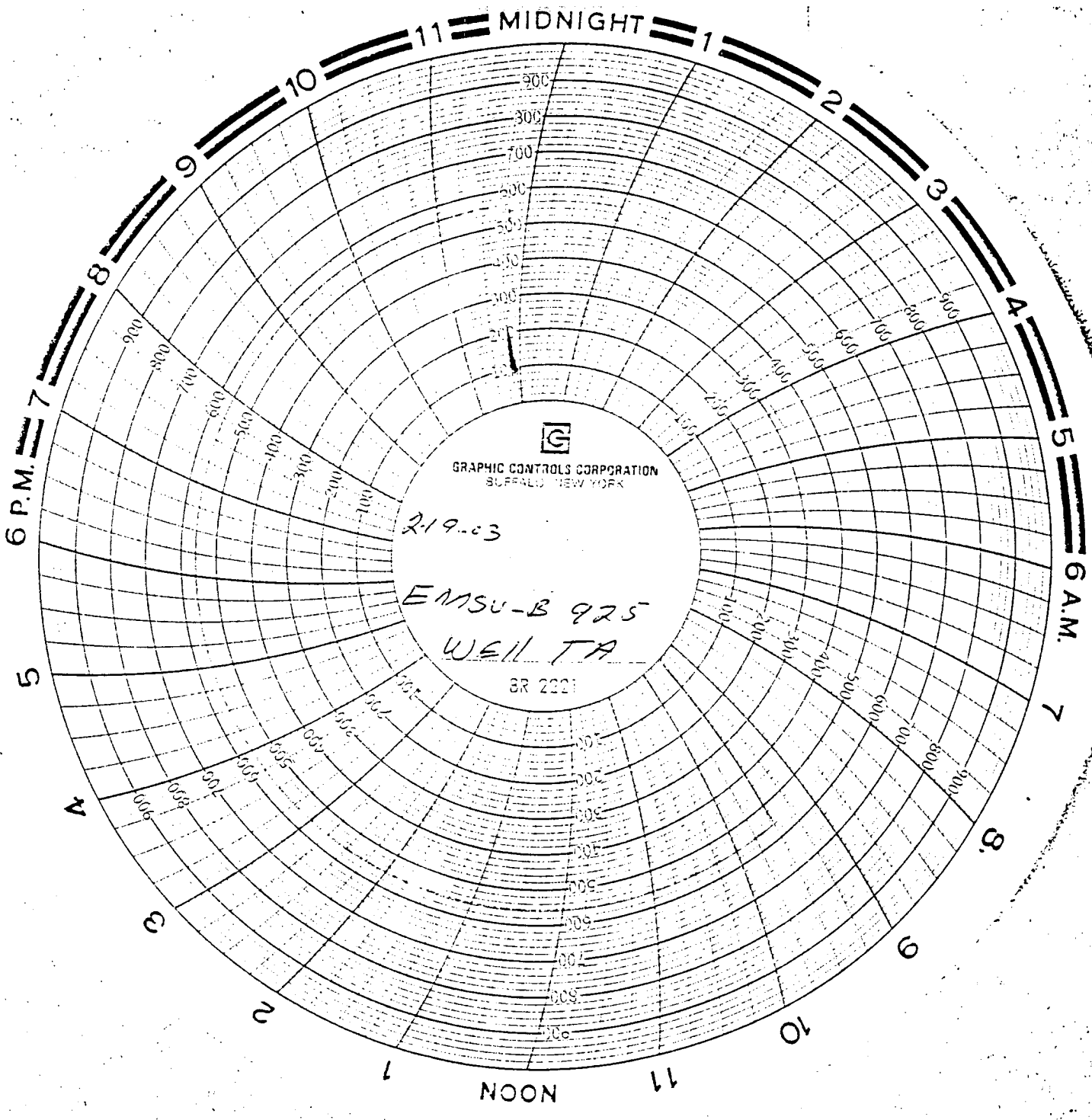
(This space for Federal or State office use)

APPROVED (ORIG. SCD.) JOE G. LARA
CONDITIONS OF APPROVAL, IF ANY: _____ TITLE _____

DATE 5/15/03

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

GWW



GRAPHIC CONTROLS CORPORATION
BUFFALO, NEW YORK

2-19-63

EMSU-B 925

WELL TA

BR 2221