

**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

**OIL CONSERVATION DIVISION**

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

WELL API NO.	30-025-30649
5. Indicate Type of Lease	STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil / Gas Lease No.	
7. Lease Name or Unit Agreement Name	A. L. CHRISTMAS NCT-C
8. Well No.	17
9. Pool Name or Wildcat	EUMONT YATES 7 RVR QUEEN OIL
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	3435'

**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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>
2. Name of Operator	CHEVRON USA INC
3. Address of Operator	15 SMITH ROAD, MIDLAND, TX 79705
4. Well Location	Unit Letter <u>D</u> : <u>990'</u> Feet From The <u>NORTH</u> Line and <u>460'</u> Feet From The <u>WEST</u> Line Section <u>18</u> Township <u>22S</u> Range <u>37E</u> NMPM <u>LEA</u> COUNTY
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	3435'

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 ☐ CHANGE PLANS ☐  
PULL OR ALTER CASING ☐  
OTHER: ☐

**SUBSEQUENT REPORT OF:**

REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPERATION ☐ PLUG AND ABANDONMENT ☐  
CASING TEST AND CEMENT JOB ☐  
OTHER: ☐ RAN MIT ☒

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.

5-03-04: RAN MIT W/CHART TO 560# FOR 30 MINS-OK. (ORIGINAL CHART & COPY OF CHART ATTACHED)

WELL IS TEMPORARILY ABANDONED.

WELL IS UNECONOMICAL TO PRODUCE.

This Approval of Temporary  
Abandonment Expires 5/3/09

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 5/12/2004

Telephone No. 915-687-7375

TYPE OR PRINT NAME Denise Leake

(This space for State Use)

APPROVED Hayward Wink TITLE OC FIELD REPRESENTATIVE II/STAFF MANAGER

DATE

DeSoto/Nichols 12-93 ver 1.0



