

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.

30-025-29668

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil / Gas Lease No.

7. Lease Name or Unit Agreement Name

EUNICE MONUMENT SOUTH UNIT

8. Well No.

150

9. Pool Name or Wildcat

EUNICE MONUMENT GRAYBURG

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 ☐ GAS WELL ☐ OTHER WATER INJECTION WELL

2. Name of Operator

CHEVRON USA INC

3. Address of Operator

15 SMITH ROAD, MIDLAND, TX 79705

4. Well Location

Unit Letter E : 1980' Feet From The NORTH Line and 560' Feet From The WEST Line

Section 32 Township 20-S Range 37-E NMPM LEA COUNTY

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

3531' 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 ☐

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: ☐

SET CIBP & TA ☒

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.

5-08-03: REL PKR. LD PKR.

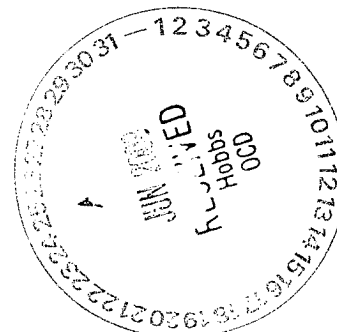
5-09-03: TIH W/CIBP & SET @ 3550. TEST TO 550 PSI. NOTIFY NMOC. CIRC CSG W/100 BBLS PKR FLUID.

5-10-03: TRIED TO CHART 2 TIMES - NO HOLD.

6-04-03: TIH W/PKR & TBG TO 3535. SET PKR & TEST CIBP. PRESSURE UP TO 500 PSI IN TBG & CHART. REL PKR. PRESS TEST AGAIN TO 500 PSI. NO HOLD.

6-05-03: PLACED PKR & TEST CSG TO ISOLATE LEAK. FOUND BAD CSG FR 480-666. LD PKR & TBG.

6-06-03: NDBOP. NU WH. RIG DOWN. TURN WELL OVER TO ENGINEER TO REVIEW FOR P&A OR REPAIR CSG.



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 6/16/2003

TYPE OR PRINT NAME

Denise Leake

Telephone No. 915-687-7375

(This space for State Use)

APPROVED

Hayden Wink

OC FIELD REPRESENTATIVE II/STAFF MANAGER

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

JUN 25 2003

See Submittal Instructions, Page 1.0