Submit 3 copies to Appropriate District Office

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

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

Form C-103
Revised 1-1-89

WELL API NO. 30-025-08707

5. Indicate Type of Lease STATE ☑ 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.

7. Lease Name or Unit Agreement Name: EUNICE MONUMENT SOUTH UNIT

1. Type of Well: OIL WELL ☑ GAS WELL ☐ OTHER

2. Name of Operator: CHEVRON USA INC

8. Well No. 289

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

9. Pool Name or Wildcat: EUNICE MONUMENT GRAYBURG

4. Well Location

Unit Letter D : 330' Feet From The NORTH Line and 990' Feet From The WEST Line

Section 7 Township 21-S Range 36-E NMPM LEA COUNTY

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

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK	☐	PLUG AND ABANDON	☐	REMEDIAL WORK	☐	ALTERING CASING	☐
TEMPORARILY ABANDON	☐	CHANGE PLANS	☐	COMMENCE DRILLING OPERATION	☐	PLUG AND ABANDONMENT	☐
PULL OR ALTER CASING	☐			CASING TEST AND CEMENT JOB	☐		
OTHER:	☐			OTHER: MIT FOR 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.

7-16-03: NOTIFY NMOCD. SET CIBP @ 3760'. DUMP 5 SX CL C CMT ON CIBP.
TEST CSG TO 540 PSI FOR 30 MINS. (ORIGINAL CHART & COPY OF CHART ATTACHED).

WELL IS TEMPORARILY ABANDONED. WELL IS UNECONOMICAL TO PRODUCE.

This Approval of Temporary Abandonment Expires 7/31/08

RECEIVED JUL 2003 Hobbs OCD

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 7/29/2003

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

(This space for State Use)

APPROVED Gary W. Wink TITLE OC FIELD REPRESENTATIVE II/STAFF MANAGER DATE JUL 31 2003

CONDITIONS OF APPROVAL, IF ANY:

DeSoto/Nichols 12-93 ver 1.0

GRAPHIC CONTROLS CORPORATION
BUFFALO, NEW YORK
BR 2221
MIDNIGHT
NOON
6 A.M.
6 P.M.
Chevron, USA
D-72-36
SMSU
#289
7-16-03
Pit Test
100 MIN.
LAST CAL. 5-10-03
AMER. WTR.
50 MIN.