## State of New Mexico

to Appropriate District Office	Energy, Minerals and Natural R	lesources Department	Revised 1-1-8	89
DISTRICT I	OIL CONSERVATI	ON DIVISION		_
P.O. Box 1980, Hobbs, NM 88240	P.O. Box 208		WELL API NO. 30-025-08880	
DISTRICT II			5. Indicate Type of Lease	
P.O. Box Drawer DD, Artesia, NM 88210	Canta i e, ivev iviexio	0 01 007-2000	STATE FEE •	•
DISTRICT III  1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil / Gas Lease No.	_
	CES AND PEDODES ON ME	18	471890	
SUNDRY NOTICES AND REPORTS ON WELLS  (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO			7. Lease Name or Unit Agreement Name	72
	VOIR. USE "APPLICATION FOR -101) FOR SUCH PROPOSALS.	PERMI	H. T. MATTERN (NCT-E)	
1. Type of Well: OIL GAS			1	
WELL WELL	OTHER			
2. Name of Operator CHEVRON US	SA INC		8. Well No.	
3. Address of Operator	AD MIDI AND TV 70705		9. Pool Name or Wildcat	-
15 SMITH ROAD, MIDLAND, TX 79705  4. Well Location			EUMONT YATES 7 RVR QUEEN (GAS)	_
4. Well Location  Unit LetterD::	660' Feet From The NOR	TH Line and 660'	Feet From The WEST Line	
	······································			
Section 12 Township 22S Range 36E NM			MPM LEA_ COUNTY	
	10. Elevation (Show whether DF, RKB	, RT,GR, etc.)	Allan Co	
11. Check Ap	propriate Box to Indicate Na	ture of Notice. Report	, or Other Data	3030
NOTICE OF INTENTIO	•	1	JBSEQUENT REPORT OF:	
	PLUG AND ABANDON		_	ר
			ALTERING CASING	] 1
	SHANGE PLANS	COMMENCE DRILLING OP	_	j
PULL OR ALTER CASING		CASING TEST AND CEMER		<b>a</b>
OTHER:		OTHER:	RETURN WELL TO PRODUCTION	] —
<ol> <li>Describe Proposed or Completed Oper proposed work) SEE RULE 1103.</li> </ol>	rations (Clearly state all pertinent d	letails, and give pertinent d	ates, including estimated date of starting any	
4-29-03: REPAIRED FLOWLINE AND RE	ETURNED SUBJECT WELL TO P	RODUCTION.		
FLOWING 41 MCF.				
PLEASE REMOVE THE SUBJECT WELL	- FROM THE SHUT-IN WELL LIST	Г.		
			3293037-73	
			(1) To Est	
			7.50 %	
			23.24.25.26 900 34.7.7.4 W. 904 W. 90	
			18 2 2 3/	
			12 0 0	
			No.	
			\$25.000 PM	
P 1 A				
d Va allacha	the best of my knowledge and belief.	datam : On a =! =!! = !		
SIGNATURE SIGNATURE	TITLE Regi	ulatory Specialist	DATE <u>8/8/2003</u>	_
TYPE OR PRINT NAME Der	nise Leake		Telephone No. 915-687-7375	

DATE TIBE FIELD REPRESENTATIVE II/STAFF MANAGER DATE

AUG 1 1 2003