Submit 3 copies

State of New Mexico

Form C-103

District Office	Energy, Minerals and Natu	ral Re	esources Department			sed 1-1-89
DISTRICT I	OIL CONSERVA	TI	ON DIVISION	WELL API NO.	· · · · · · · · · · · · · · · · · · ·	
P.O. Box 1980, Hobbs, NM 88240	P.O. Box	2088		1	025-12365	
DISTRICT II P.O. Box Drawer DD, Artesia, NM 88210	Santa Fe, New Mo	exico	87504-2088	5. Indicate Type of Lea	se STATE ✔	FEE 🗍
DISTRICT III				6. State Oil / Gas Leas		
1000 Rio Brazos Rd., Aztec, NM 87410	TIOSO AND DEPORTS ON	A/F-1 1	1.0	The same of the sa	B-9312	
(DO NOT USE THIS FORM FOR PRO DIFFERENT RESE	TICES AND REPORTS ON PPOSALS TO DRILL OR TO DE RVOIR. USE "APPLICATION C-101) FOR SUCH PROPOSA	EEPEI FOR F	N OR PLUG BACK TO	7. Lease Name or Un	A STATE OF BUILDING	And Application of the Applicati
1. Type of Well: OIL GAS WELL WEL						
Name of Operator CHEVRON U	JSA INC			8. Well No.	1	
Address of Operator 15 SMITH R	D, MIDLAND, TX 79705			9. Pool Name or Wildo DOLLAF	at RHIDE FUSSELMAN	
4. Well Location Unit Letter A:	660 Feet From The	NORT	TH Line and 660	Feet From The E	AST Line	
Section 5				IPM	LEA COUNT	(
	10. Elevation (Show whether DF					Sec. Sec.
11. Check A	ppropriate Box to Indicate	Nat	· · · · · · · · · · · · · · · · · · ·	or Other Data	· · · · · · · · · · · · · · · · · · ·	
NOTICE OF INTENTION	• • •		1	JBSEQUENT R	EPORT OF:	
PERFORM REMEDIAL WORK	PLUG AND ABANDON		REMEDIAL WORK	☐ ALTE	RING CASING	
TEMPORARILY ABANDON	CHANGE PLANS		COMMENCE DRILLING OPE	RATION PLUG	AND ABANDONMEN	т 🗀
PULL OR ALTER CASING			CASING TEST AND CEMEN	IT JOB		
OTHER:			OTHER:	CHART FOR TA EX	TENSION	
 Describe Proposed or Completed Opproposed work) SEE RULE 1103. 	perations (Clearly state all pertin	nent d	etails, and give pertinent d	ates, including estim	ated date of starting	any
10-10-06: NOTIFIED NMOCD. TEST O	CSG TO 530 PSI FOR 30 MINU	ITES.	OK. (ORIGINAL CHART	& COPY OF CHART	ATTACHED).	
CIBP @ 8466'						
WELL IS TEMPORARILY ABANDONE	D .			l		
WELLBORE IS BEING SAVED FOR FL	JTURE EVALUATION.					
	This Appr Abandon	ova men	l of Temporary It Expires	10/2011-		
					Receive Receive Readus	2
I hereby certify that the information above is true and complete		Regu	ulatory Specialist		DATE 10/16/200	06
TYPE OR PRINT NAME D	enise Pinkerton			Tele		87-7375
(This space for State Use)	- 1					

APPROVED AND USELLA CONDITIONS OF APPROVAL, IF ANY: TITLE

DATE

vNichole 1273 ver 1.0 8 2006

