OCA-Hobbs

Form 3160-5

## **UNITED STATES**

FORM APPROVED

June 1990)		ENT OF THE INTE F LAND MANAGE ES AND REPORTS	MENT		Budget Bureau No. 1004-0135 Expires: March 31, 1993  5. Lease Designation and Serial No. NM-18848  6. If Indian, Alottee or Tribe Name		
Do not us	se this form for proposals to Use "APPLICATION	•	•	t reservoir.			
	SUBI	MIT IN TRIPLICATE			7. If Unit or CA, A	greement Designation	
1. Type of Well:					Well Name and Number     SDE '19' FEDERAL		
2. Name of Operator	CHEVRON USA II	NC			3		
				915-687-737	9. API Well No. 30-025-32908		
4. Location of Well (Footage, Sec., T., R., M., or Survey Description)  Unit Letter N: 330 Feet From The SOUTH Line and 2310 Feet From The				et From The	10. Field and Pool, Exploaratory Area TRISTE DRAW DELAWARE, WEST		
WEST Line	Section 19	Township 23-S	Range 32	?-E	11. County or Par	rish, State LEA,NM	
12.	Check Appropriate	e Box(s) To Ind	icate Nature of	Notice, Re	port, or Oth	er Data	
TYPE OF SU	BMISSION			TY	YPE OF ACTION		
Notice of In Subsequen Final Aband			Abandonment Recompletion Plugging Back Casing Repair Atlering Casing OTHER: REQUE	EST APPROVAL 1	(No	Change of Plans  New Construction  Non-Routine Fracturing  Water Shut-Off  Conversion to Injection  Dispose Water  te: Report results of multiple completion on Well inpletion or Recompletion Report and Log Form.)	
						The state of the s	

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)\*.

CHEVRON U.S.A. INC. INTENDS TO TEMPORARILY ABANDON THE SUBJECT WELL. THE WELL HAS BEEN SHUT IN FOR ONE YEAR AND TA APPROVAL WOULD PUT THE WELL BACK INTO COMPLIANCE.

THE WELL HAS A CIBP SET @ 8560' W/30' CMT ON TOP. AN ADDITIONAL INTERVAL WAS PERFORATED/TESTED (5333-5365') AND THEN SQUEEZED WITH NO PERFORATIONS LEFT OPEN IN THE HOLE.

THE WELL IS UNECONOMICAL TO PRODUCE.



		000 900 9066s	
14. I hereby certify that the regging is true and correct  SIGNATURE  WHITE  TYPE OR PRINT NAME  Denise Leake	E Regulatory Specialist	DATE	7/3/2003
(This space for Federal of State office use)  APPROVED  CONDITIONS OF APPROVAL, IF ANY:  TITLE	DATE	8/26/	93
Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to representations as to any matter within its jurisdiction.	make to any department or agency of the United States any false, fict	ítious or fraudulent stat	ements or
CWW		DeSoto/Niche	ols 12-93 ver 1.0