Submit 3 copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103

District Office	Energy, Millionale and Hat	u.u	boodioco Doparanon		Revised	1-1-89
OIL CONSERVATION DIVISION			WELL API NO			
P.O. Box 1980, Hobbs, NM 88240 P.O. Box 2088				30-025-10424		
Santa Fe, New Mexico 87504-2088			5. Indicate Typ	pe of Lease		
P.O. Box Drawer DD, Artesia, NM 66210					STATE F	EE 🗹
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410				6. State Oil / C	as Lease No.	
		\A/EI	10		En la Company of the	ery valle.
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO				7. Lease Nam	e or Unit Agreement Name	A. 4
	ERVOIR. USE "APPLICATION		PERMI	O.I. BOYD	o or omeragroomane ramo	
OII 04	I C-101) FOR SUCH PROPOSA	NLO.		10 5015		
1. Type of Well: WELL WELL OTHER						
2. Name of Operator				8. Well No.	2	
CHEVRON USA INC						
3. Address of Operator 15 SMITH RD, MIDLAND, TX 79705				9. Pool Name	or Wildcat MATTIX 7 RVR QUEEN GRAYBU	IDC
4. Well Location				LANGLIE	MATTIAT RVR QUEEN GRATEC	JKG .
Unit Letter O:	660'Feet From The _	SOUT	H Line and 1980'	Feet From ⁻	Γhe_EASTLine	
Section 22	T		ange <u>37-E</u> NM	ADM	LEA COUNTY	
Section 23				11 IVI	LEA COUNTY	
元月77日21日日第四月20日8日 神教工学院	10. Elevation (Show whether D	F, RKB,	RT,GR, etc.) 3326' DF		型 雄 猴 湖	person.
11. Check A	Appropriate Box to Indicat	e Nat	ure of Notice, Report.	or Other D	ata	and a substitution
NOTICE OF INTENTI			1		NT REPORT OF:	
_	PLUG AND ABANDON					
PERFORM REMEDIAL WORK			REMEDIAL WORK		ALTERING CASING	
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OP					PLUG AND ABANDONMENT	
PULL OR ALTER CASING			CASING TEST AND CEMEN	_		
OTHER:		_ 📙	OTHER:	TA W	TH CHART	
 Describe Proposed or Completed O proposed work) SEE RULE 1103. 4-25-2007: UNSEAT PKR & MOVE UI PKR & TEST TO 500#. HELD GOOD. FOR 30 MINS. (CHART ATTACHED). 	P TO 3585'. RESET PKR & GO	NT OF	F ON/OFF TOOL & CIRC	WELLBORE V	WITH FW. LATCH BACK ON	то
WELL IS TEMPORARILY ABANDONE	D.					
	al of Temporary It Expires	25	1/2	000 Hopps Hopps GCSIAGQ	A Control of the Cont	
SIGNATURE WILL F.						
	1 . d a	Regu	latory Specialist	17/125	DATE <u>5/7/2007</u>	
TYPE OR PRINT NAME D	NAKOLIN)	Regu	latory Specialist	11/11/2	DATE <u>5/7/2007</u> Telephone No. 432-687-	7375

APPROVED LOUIS LUMB CONDITIONS OF APPROVAL, IF ANY:

OCIFIELD REPRESENTATIVE ILISTAPF MANAGER

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4-25-07