

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

WELL API NO	30-025-05958
5. Indicate Type of Lease	STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6 State Oil / Gas Lease No.	584820
7. Lease Name or Unit Agreement Name	J.R. PHILLIPS
8. Well No.	5
9 Pool Name or Wildcat	MONUMENT ABO
10 Elevation (Show whether DF, RKB, RT,GR, etc)	

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.

1. Type of Well	OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>
2. Name of Operator	CHEVRON USA INC
3. Address of Operator	15 SMITH RD, MIDLAND, TX 79705
4. Well Location	Unit Letter <u>D</u> : <u>660</u> Feet From The <u>NORTH</u> Line and <u>660</u> Feet From The <u>WEST</u> Line Section <u>6</u> Township <u>20S</u> Range <u>37E</u> NMPM <u>LEA</u> 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:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPERATION ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: ☒ TEMPORARILY ABANDON WITH CHART

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.

10-30-07: SET CIBP @ 6700'. TEST CSG TO 540 PSI FOR 30 MINUTES.
(ORIGINAL CHART & COPY OF CHART ATTACHED).

WELL IS TEMPORARILY ABANDONED. UNECONOMICAL TO PRODUCE.

This Approval of Temporary 10/30/12
Abandonment Expires

I hereby certify that the information above is true and complete to the best of my knowledge and belief

SIGNATURE Denise Pinkerton TITLE Regulatory Specialist DATE 11/27/2007

TYPE OR PRINT NAME Denise Pinkerton Telephone No 432-687-7375

(This space for State Use)

APPROVED Hayden Wink TITLE OC FIELD REPRESENTATIVE II/STAFF MANAGER DATE DEC 06 2007

CONDITIONS OF APPROVAL, IF ANY

