

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 30568
5. Indicate Type of Lease	STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil / Gas Lease No.	
7. Lease Name or Unit Agreement Name	B. F. Harrison "B"
8. Well No.	2
9. Pool Name or Wildcat	TEAGUE WOLFCAMP NORTH
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	3310' GL

SUNDY NOTICES AND REPORTS ON WELL
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT (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 ROAD, MIDLAND, TX 79705
4. Well Location	Unit Letter <u>F</u> : <u>1980</u> Feet From The <u>NORTH</u> Line and <u>1800</u> Feet From The <u>WEST</u> Line Section <u>9</u> Township <u>23S</u> Range <u>37E</u> NMPM <u>LEA</u> COUNTY
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	3310' GL

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: ☒ REQUEST FOR TA

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.

11-03-03: MIRU.

11-04-03: TIH W/CIBP & SET @ 7200'.

11-05-03: CHART CSG TO 500 PSI. CHART GOOD. (ORIGINAL CHART & COPY OF CHART ATTACHED).

THE WELLBORE IS CURRENTLY NOT NEEDED AT THIS TIME, HOWEVER, DUE TO CSG LEAKS IN THIS AREA, THERE IS THE POSSIBILITY THAT THIS WELL COULD BE USED TO REPLACE A FUTURE FAILURE.

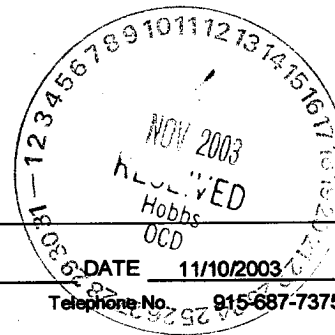
TEMPORARILY ABANDONED.

This Approval of Temporary
Abandonment Expires 11/13/08

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

SIGNATURE Denise Leake TITLE Regulatory Specialist

TYPE OR PRINT NAME Denise Leake



(This space for State Use)

APPROVED BY Gay W. Wink TITLE OC FIELD REPRESENTATIVE II/STAFF MANAGER

CONDITIONS OF APPROVAL, IF ANY:

DATE NOV 13 2003
DeSoto/Nichols 12-03 ver 1.0

