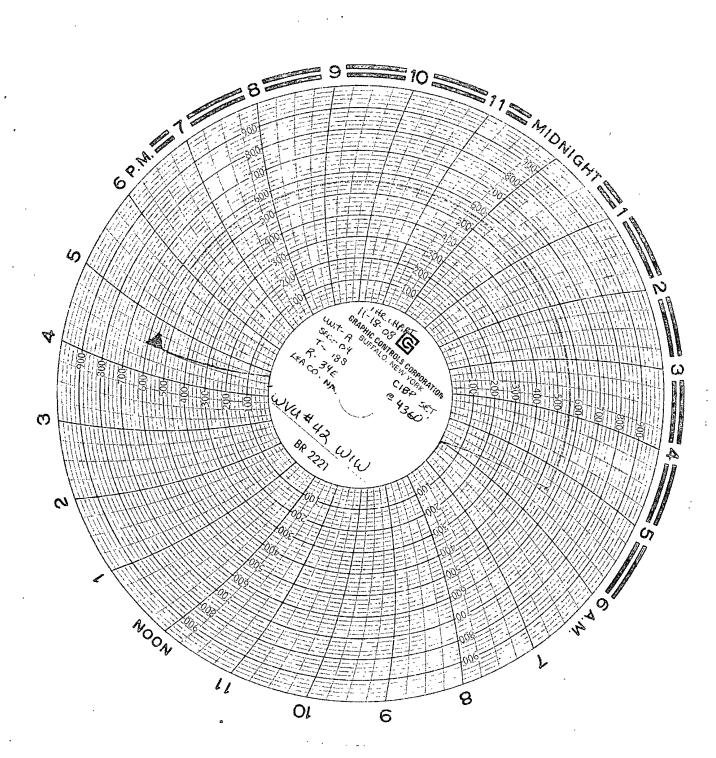
Submit 3 Copies To Appropriate District State of New Mexic	co	Form C-103
Office District I 1625 N French Dr., Hobbs, NM 88240 District II 1301 W Grand Ave NG NA 88212008 District III 1000 Rio Brazzos Rd. Artec, NM 87410 District IV 1220 S St. Francis Dr. Santa Fe, NM 87505 87505		June 19, 2008
		API NO.
)2289
		ate Type of Lease TATE FEE
		Oil & Gas Lease No.
SUNDRY NOTICES AND REPORTS ON WELLS		Name or Unit Agreement Name
(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		ACUUM UNIT
PROPOSALS.)		Number 42
1. Type of Well: Oil Well Gas Well Other 2. Name of Operator		ID Number 4323
CHEVRON U.S.A. INC.		ID Number 4323
3. Address of Operator	10. Poo	name or Wildcat
15 SMITH ROAD, MIDLAND, TEXAS 79705	VACUU	M GRAYBURG SAN ANDRES
4. Well Location		
Unit Letter A: 330 feet from the NORTH line and 990 feet from the EAST line		
Section 4 Township 18-S Range 34-E NMPM County LEA 11. Elevation (Show whether DR, RKB, RT, GR, etc.)		
11. Elevation (Show whether DR, RRD, R1, GR, etc.)		
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:		
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK		NT REPORT OF: ☐ ALTERING CASING ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐ COMMENCE DR		
PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT JOB		
DOWNHOLE COMMINGLE		
	THER: TA WITH CH	ART
13. 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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.		
11-14-08: MIRU. 11-17-08: TIH W/PLUG & SET @ 4360. CIRC PKR FLUID. 11-18-08: RAN CHART FOR NMOCD. TEST		
CSG TO 560 PSI FOR 30 MINUTES. (ORIGINAL CHART & COPY OF CHART ATTACHED).		
WELL IS TEMPORARILY ABANDONED.		
Spud Date: Rig Release Date:	11-18-08	
1774-08	1110-08	
I housely consider that the first constitution is a first constitution of the first constitution	<u> </u>	
I hereby certify that the information above is true and complete to the best of	of my knowledge and belie	f.
$\mathcal{A}_{\mathbf{a}}$		
SIGNATURE X MISE FIN KULTURE REGULATORY SPECIALIST DATE 11-20-2008		
Type or print name DENISE PINKERTON E-mail address: <u>leakejd@chevron.com</u> PHONE: 432-687-7375		
For State Use Only	ERYSÖR/GENERAL MAA	
APPROVED BY: TITLE	MA DOM OUTSIDE WAS	MINVOAZUUN
Conditions of Approval (if any):		DATE



WELL NAME WW #42

WELL NAME WW #42

SUPERVISOR BOSSY WILL

PACKER TYPE CIBP

PACKER SETTING DEPTH 4360'

PERFORATIONS OH 4435-4728