State of New Mexico	Form C 103
Submit 3 copies to Appropriate Energy, Minerals and Natural Resources Department District Office	Form C-103 Revised 1-1-89
OIL CONSERVATION DIVISION	WELL API NO.
P.O. Box 1980, Hobbs, NM 88240 P.O. Box 2088	WELL API NO. 30-025-34477
DISTRICT II	
P.O. Box Drawer DD, Artesia, NM 88210 Santa Fe, New Mexico 87504-2088	5. Indicate Type of Lease STATE FEE FEE
<u>DISTRICT III</u>	6. State Oil / Gas Lease No.
1000 Rio Brazos Rd., Aztec, NM 87410	
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.	7. Lease Name or Unit Agreement Name MONUMENT "1" STATE
1. Type of Well: OIL WELL GAS WELL □ OTHER	
Name of Operator CHEVRON USA INC	8. Well No. 26
Address of Operator 15 SMITH ROAD, MIDLAND, TX 79705	9. Pool Name or Wildcat MONUMENT ABO, NORTH
4. Well Location	
Unit Letter <u>J</u> : <u>2279'</u> Feet From The <u>SOUTH</u> Line and <u>2276'</u>	Feet From The <u>EAST</u> Line
Section 1 Township 19-S Range 36-E NM	PM LEA_ COUNTY
10. Elevation (Show whether DF, RKB, RT,GR, etc.) 3734' GL	
11. Check Appropriate Box to Indicate Nature of Notice, Report,	or Other Data
NOTICE OF INTENTION TO:	BSEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK	ALTERING CASING
CUANCE DIANC	
PULL OR ALTER CASING CASING TEST AND CEMEN	
OTHER: U OTHER:	TEMPORARILY ABANDON
 Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent da proposed work) SEE RULE 1103. 2-09-04: MIRU. TIH W/SCRAPER TO 7305. RAN CIBP TO 7253 & SET. CIRC W/200 BBLS & TEST I WELL BORE & TEST AS PER OCD GUIDELINES FOR 30 MINS. WITNESSED BY E. L. GONZALES. ORIGINAL CHART & COPY OF CHART ATTACHED. WELL IS TEMPORARILY ABANDONED. 	ΓΟ 500#-OK. FLANGE WELL UP & FILL UP
This Approval of Temporary 2 18 09 Abandonment Expires Thereby certify that the information above is true and complete turns best of my Moveledge and belief.	123456 7 30 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
SIGNATURE And Delication above is true and complete and fine best of my providing and belief. SIGNATURE TITLE Regulatory Specialist	DATE 2/16/2004

TYPE OR PRINT NAME

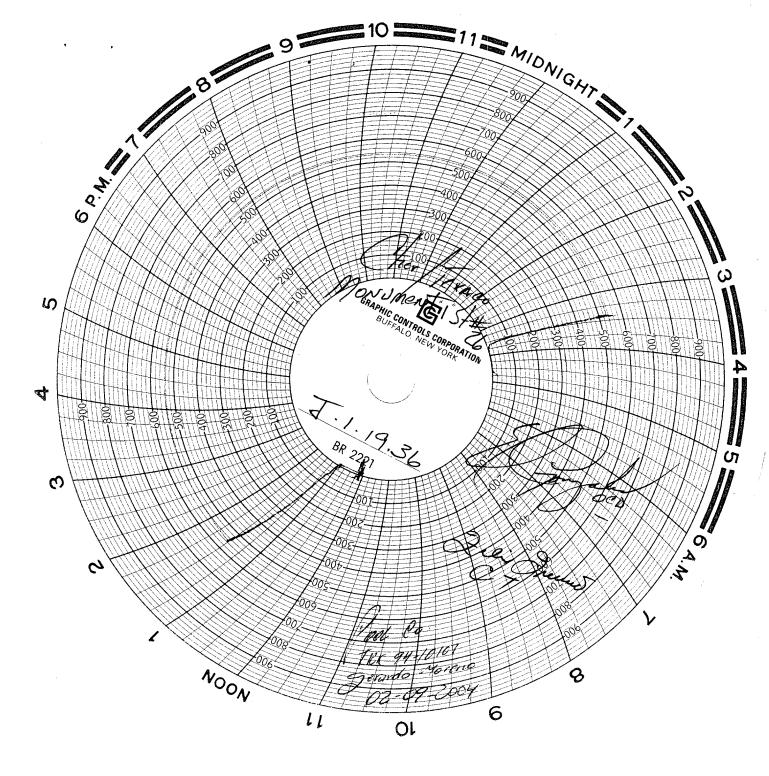
Denise Leake

OC FIELD REPRESENTATIVE IL/STAFF MANAGERephone No. 915

915-687-7375

FEB Decomplication 1.0

APPROVED HOUSE LINE TITLE



WELL DATA SHEET

FIELD: Monument; North

WELL NAME: Monument 1 State #26

FORMATION: ABO

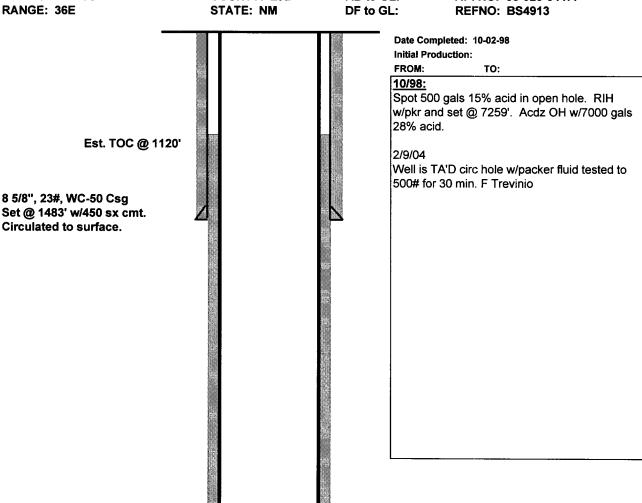
LOC: Unit J, 2279' FSI TOWNSHIP: 19S

LOC: Unit J, 2279' FSL & 2276' FEL SEC: 1

COUNTY: Lea

GL: 3734' KB to GL: **CURRENT STATUS: TA**

API NO: 30-025-34477



5 1/2", 15.5#, K55 Csg Set @ 7308' w/1000 sx cmt. Did not circulate. Est. TOC @ 1120' CIPB @ 7252.93' Felix Trevino 2/9/04