## Submit 3 copies to Appropriate District Office

## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-8

District Office	Life gy, miles and real	M11411111	oodiroo Boparanon.		Revi	sed 1-1-89
DISTRICT I	OIL CONSERVA	ATIC	ON DIVISION	WELL API NO		
P.O. Box 1980, Hobbs, NM 88240				30-025-35119		
DISTRICT II Santa Fe, New Meyico 87504-2088				5. Indicate Typ		
DISTRICT III				STATE FEE   6. State Oil / Gas Lease No.		
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 J R PHILLIPS		
WELL WE						
2. Name of Operator CHEVRON USA INC				8. Well No.	15	
Address of Operator 15 SMITH ROAD, MIDLAND, TX 79705				9. Pool Name or Wildcat MONUMENT; TUBB WEST (GAS)		
4. Well Location						
Unit Letter <u>C</u> :	660 Feet From The	NORT	TH Line and 1865	Feet From	The WEST Line	
Section 6	•		Range 37-E NN	/IPM	LEA COUNT	Υ
**************************************	10. Elevation (Show whether D	F, RKB,	RT,GR, etc.) 3565'			
11. Check A	Appropriate Box to Indicat	te Nat	ture of Notice, Report	, or Other D	ata	
NOTICE OF INTENTION	ON TO:		SU	JBSEQUE	NT REPORT OF:	
PERFORM REMEDIAL WORK	PLUG AND ABANDON		REMEDIAL WORK	$\checkmark$	ALTERING CASING	
TEMPORARILY ABANDON	CHANGE PLANS		COMMENCE DRILLING OPI	ERATION [	PLUG AND ABANDONMEN	п 🗌
PULL OR ALTER CASING	•		CASING TEST AND CEMEN	NT JOB		
OTHER:			OTHER:	CON	MPLETION	<b>✓</b>
1-13-04: TIH TO 7070'. TIH W/CIBP 8 1-14-04: PERF TUBB FR 6396-6398, 6 1-15-04: ACIDIZE W/2500 GALS 20% 1-16-04: FLOW WELL TO BATTERY. 1-17-04: CIRC HOLE W/PKR FLUID. 3	6414-18, 6424-6430, 6440-644 HCL. FLOW WELL. TIH W/RDS. UNLATCH FRON FIH W/RET PLUG IN PROFILE	6. DUM 1 PKR. E NIPPL	MP 35' CMT ON TOP OF C	:IBP @ 7025.	TIH W/PKR & SET @ 632	8.
1-18-04: ON 24 HR OPT. FLOWING (	101L, 1022 GAS, & 8 WATER.	•				
FINAL REPORT					25 428 25 27 28 28 28 28 28 28 28 28 28 28 28 28 28	
I hereby certify that the information above is true and complete SIGNATURE  TYPE OR PRINT NAME  D	e authoriest of my knowledge and belief.  TITLE  Denise Leake		latory Specialist		DATE <u>1/22/2004</u> Telephone No. 915-6	1 87-7375
			ETROL			
(This space for State Use)			TOLEUM FALL		FEB 2 3 2004	
CONDITIONS OF APPROVAL, IF ANY:	TITLE		ETROLEUM ENGINEL	A DATE		

MENGINEER DATE DeSotorNichols 12-93 ver 1.0

29 Monument Abo