State of New Mexico Form C-103 Submit 3 Copies To Appropriate District Office Ene.gy, Minerals and Natural Resources Revised March 25, 1999 District I WELL API NO. 1625 N. French Dr., Hobbs, NM 87240 30-025-04326 District II OIL CONSERVATION DIVISION 811 South First, Artesia, NM 87210 5. Indicate Type of Lease 2040 South Pacheco District III FEE 🗴 1000 Rio Brazos Rd., Aztec, NM 87410 STATE Santa Fe, NM 87505 District IV 6. State Oil & Gas Lease No. 2040 South Pacheco, Santa Fe, NM 87505 SUNDRY NOTICES AND REPORTS ON WELLS 7. Lease 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 PROPOSALS.) 1. Type of Well: **EUNICE MONUMENT SOUTH UNIT** Oil Well X Gas Well Other 2. Name of Operator 8. Weil No. Chevron U.S.A. Inc. 3. Address of Operator 9. Pool name or Wildcat P.O. Box 1150 Midland, TX 79702 EUNICE MONUMENT; GRAYBURG-SAN ANDRES 4. Well Location Unit Letter _ 660 660 feet from the_ line and_ feet from the line Section Township 20S Range 36E **NMPM** County LEA 10. Elevation (Show whether DR, RKB, RT, GR, etc.) 11. 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 ALTERING CASING **TEMPORARILY ABANDON** CHANGE PLANS COMMENCE DRILLING OPNS. **PLUG AND ABANDONMENT** PULL OR ALTER CASING MULTIPLE CASING TEST AND **CEMENT JOB** COMPLETION OTHER: OTHER: TA'D \mathbf{x} 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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation. POH W/TBG. RAN CSG SCRAPER TO 3700'. SET CIBP @ 3690'. CIRC PKR FLUID. RAN MIT. TA'D 9/18/01 This Approval of Temporary Abandonment Expires I hereby certify that the information above is true and complete to the best of my knowledge and belief. **SIGNATURE** TITLE REGULATORY O.A. DATE. 10/1/01 Type or print name J. K. RIPLEY Telephone No. (935)687-7148 (This space for State use) DATE OCT APPROVED BY_ Conditions of approval, if any: