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

Form C-103

District Office	•				Revised 1-1-89
<u>DISTRICT I</u>	Oh.	CONSERV	ATION DIVISION	WELL API NO.	
P.O. Box 1980, Hobbs, NM	1 88240			l e	100
DISTRICT II			Box 2088	30-025-044	120
P.O. Box Drawer DD, Artes	sia, NM 88210	Santa Fe, New	Mexico 87504-2088	5. Indicate Type of Lease	TE [
DISTRICT III				<u> </u>	TE 🗸 FEE
1000 Rio Brazos Rd., Azter	c, NM 87410			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 EUNICE MONUMENT SOUTH UNIT	
1. Type of Well: OIL WELL	GAS — WELL —	OTHER			
2. Name of Operator	CHEVRON USA INC	;		8. Well No. 163	
Address of Operator	15 SMITH ROAD, M	IIDLAND, TX 79705		9. Pool Name or Wildcat GRAYBURG SAN	N ANDRES
4. Well Location					THISTIES
Unit Letter	:1980_	Feet From The	NORTH Line and 1980	Feet From The _EAST	Line
Section 36	Town	ahin 20-S	Dance 36 E NB	4514	
Occion 50			Range36-E NN	APMLEA	T COUNTY
	10. E	levation (Show whether	DF, RKB, RT,GR, etc.)		
11.	Check Appropr	into Poy to India	nto Notice of Notice Description		
			ate Nature of Notice, Report	, or Other Data	
NOTICE OF	INTENTION TO	);	Sl	JBSEQUENT REPOR	RT OF:
PERFORM REMEDIAL WOF	RK PLUG A	AND ABANDON	REMEDIAL WORK	ALTERING CAS	SING
TEMPORARILY ABANDON	CHANG	SE PLANS	COMMENCE DRILLING OP		
PULL OR ALTER CASING	$\stackrel{=}{=}$		CASING TEST AND CEMEN	NT JOB	<u> </u>
OTHER:	_		OTHER:		<del></del>
CHEVRON U.S.A. INTENI NOTIFY OCD/BLM 24 HR  1) VERIFY ANCHORS HA	OLE 1103. DS TO TEMPORARIL S PRIOR TO WORK ( AVE BEEN SET & TES	Y ABANDON THE S	rtinent details, and give pertinent d		
<ol> <li>MIRU PU. NU BOP. PL</li> <li>TIH W/3 3/4" BIT, CSG</li> <li>SET 4.5" CIBP @ 3735</li> <li>TIH W/WS TO TOC. C</li> <li>PERFORM MIT (500 P</li> <li>ND BOP. NU WH. RD</li> <li>CLEAN &amp; CLEAR LOC.</li> </ol>	S SCRAPER & WS. M/ 5'. DUMP 2 SX CLASS CIRCULATE CSG W/C SI FOR 30 MIN) PU.	SIC CMT ON CIBP. 7	TEST CSG & PLUG TO 500 PS1. TED PKR FLUID. TOH.		
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I hereby certify that the information above	is true and complete to the past of	foru backladas and build			<u>/</u>
SIGNATURE	11300 / PL	my knowledge and belief.	Regulatory Specialist		F14.F100.55
SISHAT ONLY	<del></del>	-, - IIILE_		DATE	5/15/2002
TYPE OR PRINT NAME	Denise L	eake		Telephone No.	915-687-7375
(This space for State Use)	ŗ , ,	38 (1)		MAV a -	0000
APPROVED	UMC Gara	ANALSA WAN B	<b>) -</b>	MAY 21	<b>ZUUZ</b>

CONDITIONS OF APPROVAL, IF ANY:

GARITIME WELK OC FIELD REPRESENTATIVE HISTARE MANAGED

DATE

DeSoto/Nichols 12-93 ver 1.0