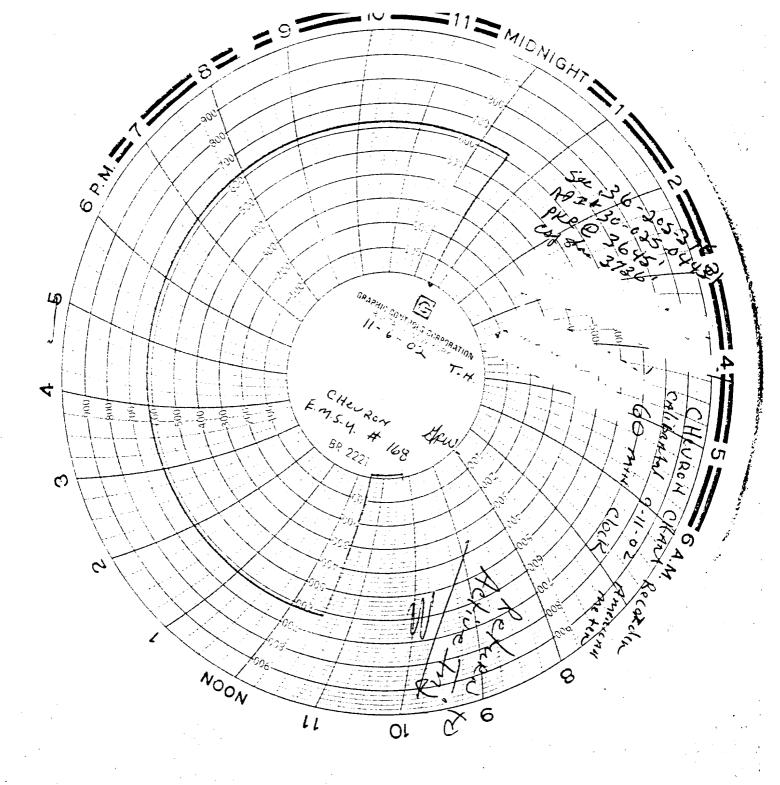
Submit 3 copies

State of New Mexico

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to Appropriate District Office	riâte Er v, Minerals and Natural Resources Department			Form C-103	
DISTRICT	MI CONCE		Revi	sed 1-1-8	
P.O. Box 1980, Hobbs, NM 88240	IL CONSER	RVATION DIVISION	WELL API NO.		
DISTRICT II P.O. Box 2088			30-025-04431		
P.O. Box Drawer DD, Artesia, NM 88210 Santa Fe, New Mexico 87504-2088			5. Indicate Type of Lease		
DISTRICT III			STATE 🗸	FEE 🗌	
1000 Rio Brazos Rd., Aztec, 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		
Type of Well: OIL GAS WELL WELL WELL					
2. Name of Operator CHEVRON USA INC			8. Well No. 168	-	
Address of Operator			9. Pool Name or Wildcat		
4. Well Location			GRAYBURG SAN ANDRES		
Unit Letter O:6	60' Feet From T	he SOUTH Line and 1980'	_Feet From The _EAST Line		
Section 36 T		Range 36-E NM			
	0. Elevation (Show wheth	er DF, RKB, RT,GR, etc.) 3547' KB			
11. Check Appro	opriate Box to Ind	icate Nature of Notice, Report,	or Other Data	<u> </u>	
NOTICE OF INTENTION			BSEQUENT REPORT OF:		
	JG AND ABANDON				
· · · · · · · · · · · · · · · · · · ·	ANGE PLANS	REMEDIAL WORK	ALTERING CASING		
PULL OR ALTER CASING	WOL 1 DAYS	COMMENCE DRILLING OPERATION PLUG AND ABANDONMENT			
OTHER:		CASING TEST AND CEMENT JOB			
OTTEX		OTHER:	PERFORM MIT		
 Describe Proposed or Completed Operati proposed work) SEE RULE 1103. 	ons (Clearly state all p	pertinent details, and give pertinent da	tes, including estimated date of starting a	iny	
11-06-02: TEST CSG TO 620# ON 60 MIN PKR @ 3645'. CSG SHOE @ 3736'	CLOCK. (ORIGINAL	CHART & COPY OF CHART ATTAC	HED)		
RETURN WELL TO ACTIVE INJECTION.					

I hereby certify that the information above is true and complete to the best of my knowledge and belief.							
SIGNATURE MISE	Y . 1 /-	Regulatory Specialist	DATE 1	1/15/2002			
TYPE OR PRINT NAME	Denise Leake		Telephone No.	915-687-7375			
(This space for State Use)	C 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1					
APPROVED CONDITIONS OF APPROVAL, IF ANY:	TITLE	THE SALE MANAGE DATE	NOV 2	1 7002			



Chevron

WELL DATA SHEET

