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State of New Mexico

Form C-103

Energy, Minerals and Natural Resources Department Revised 1-1-89 District Office **OIL CONSERVATION DIVISION** DISTRICT I WELL API NO. P.O. Box 1980, Hobbs NM 88241-1980 2040 Pacheco St. 30-025-33313 Santa Fe, NM 87505 5. Indicate Type of Lease P.O. Drawer DD, Artesia, NM 88210 STATE X FEE DISTRICT III 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 A 7. Lease Name or Unit Agreement Name DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) 1. Type of Well: MONUMENT 14 STATE GAS WELL WELL X OTHER 2 Name of Operator 8. Well No. pevron U.S.A. Inc 9. Pool name or Wildcat 3. Address of Operator Midland, TX 79702 MONUMENT: ABO. NORTH P.O. Box 1150. 4. Well Location SOUTH **EAST** 2227 2006 Unit Letter Feet From The Line and Feet From The Line LEA 14 **19S** 36E Township Range NMPM 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3739' Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data 11. NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PLUG AND ABANDON ALTERING CASING PERFORM REMEDIAL WORK REMEDIAL WORK PLUG AND ABANDONMENT CHANGE PLANS COMMENCE DRILLING OPNS. **TEMPORARILY ABANDON** CASING TEST AND CEMENT JOB **PULL OR ALTER CASING** OTHER: PLUGGED BACK SIDETRACKED OTHER: 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. POH W/PROD EQPT. SET CIBP @ 7100', SPOTTED 10 SX CMT ON TOP. SET 20 SX CMT 6650'-6550'. SET 20 SX CMT 5625'-5525'. CUT 5-1/2" CSG @ 4727', POH W/CSG. SET 135 SX CMT 4825'-4415'. TAGGED CMT @ 4490'; DRLD TO 4570'. SIDETRACKED 4570'-5365'. DRLD TO 7540'. SET 5-1/2" CSG @ 7348'; CMT W/500 SX "C" & 200 SX "H". TSTD 2800# PSI -OK. TOC @ 2450'. DRLD DV & FLOAT SHOE. CIRC GAS OFF, RAN TO 7540'. ACZD W/6000 GALS 28% ACID. RIH W/2-7/8" TBG, PKR @ 7290'. RIH W/PUMP & RODS. RETURNED WELL TO PRODUCTION. I hereby certify that the information above is true and complete to the best of my knowledge and belief. TITLE REGULATORY O.A 6/14/99 SIGNATURE TYPE OR PRINT NAME TELEPHONE NO. (915)687-7148 (This space for State Use) ORIGINAL SICT

TITLE

DATE

DISTAUTI FALLE HAS JA

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY: