Submit 3 Copies to Appropriate District Office

Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

2040 Pacheco St.
Santa Fe, NM 87505

WELL API NO. 30-025-34446

5. Indicate Type of Lease STATE [X] 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 A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

7. Lease Name or Unit Agreement Name: MONUMENT 14 STATE

1. Type of Well: OIL WELL [X] GAS WELL [ ] OTHER

2. Name of Operator: CHEVRON USA INC.

8. Well No. 24

3. Address of Operator: P.O. BOX 1949 Eunice, NM 88231

9. Pool name or Wildcat: MONUMENT; ABO, NORTH

4. Well Location

Unit Letter I : 1760 Feet From The SOUTH Line and 990 Feet From The EAST Line

Section 14 Township 19S Range 36E NMPM LEA County

10. Elevation (Show whether DF, 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 [ ]		CASING TEST AND CEMENT JOB [ ]	
OTHER: [ ]		OTHER: REQUEST TA STATUS [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.

POH W/PROD EQPT. SET CIBP @ 7280'.
CIRC. & FILL W.B. W/2% KCL WTR W/CORR. CHEM.
TEST PER OCD GUIDELINES.

This Approval of Temporary Abandonment Expires 2/20/06

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Felix Trevino TITLE ART-LIFT/CORR. Rep DATE 2-12-01

TYPE OR PRINT NAME FELIX TREVINO TELEPHONE NO. 505 394-1245

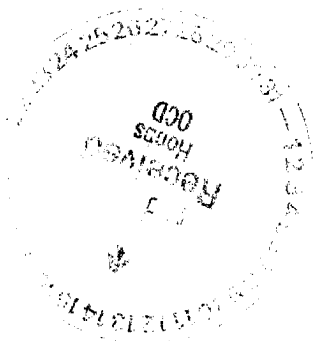
(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

FEB

JCGN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Hobbs
OCD