

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-103  
Revised 1-1-89

**OIL CONSERVATION DIVISION**

**DISTRICT I**

P.O. Box 1980, Hobbs NM 88241-1980

**DISTRICT II**

P.O. Drawer DD, Artesia, NM 88210

**DISTRICT III**

1000 Rio Brazos Rd., Aztec, NM 87410

2040 Pacheco St.  
Santa Fe, NM 87505

WELL API NO. 30-025-34477
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name MONUMENT "1" STATE
8. Well No. 26
9. Pool name or Wildcat MONUMENT: ABO, NORTH

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.)	
1. Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER	
2. Name of Operator Chevron U.S.A. Inc.	
3. Address of Operator P.O. Box 1150, Midland, TX 79702	
4. Well Location Unit Letter J : 2279 Feet From The SOUTH Line and 2276 Feet From The EAST Line	
Section 1 Township 19S Range 36E NMPM LEA County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3734'	

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

**NOTICE OF INTENTION TO:**

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐  
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐  
PULL OR ALTER CASING ☐  
OTHER: ☐

**SUBSEQUENT REPORT OF:**

REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☒ PLUG AND ABANDONMENT ☐  
CASING TEST AND CEMENT JOB ☐  
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.

SUDDEN 11" HOLE 9/3/98. DRILLED TO 1505'; SET 8-5/8" CSG @ 1483'. CMTD W/450 SX CL "C".  
CIRC TO SURF. DRILLED TO 7510'; SET 5-1/2" CSG @ 7308'. CMTD W/550 SX CL "C" &  
450 SX CL "H". WOC 6 DAYS. TOC @ 1120'.

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

SIGNATURE J. K. Ripley TITLE TECHNICAL ASSISTANT DATE 10/1/98  
TYPE OR PRINT NAME J. K. RIPLEY TELEPHONE NO. (915)687-7148

(This space for State Use)

APPROVED BY ORIGINAL SIGNED BY TITLE DATE  
CONDITIONS OF APPROVAL, IF ANY: