to Appropriate District Office	Energy, Minerals and Natural Resources Department			ent	Form C-103 Revised 1-1
P.O. Box 1980, Hobbs, NM	88240		VATION DIVISI	ON WELL API NO.	
DISTRICT II		P.0	. Box 2088		30 025 06133
P.O. Box Drawer DD, Artesia	a, NM 88210	Santa Fe, Ne	w Mexico 87504-2088	5. Indicate Type of	Lease STATE V FEE
DISTRICT III				6. State Oil / Gas L	
1000 Rio Brazos Rd., Aztec,	NM 87410			U. State Oil / Gas t	B-2330
(DO NOT USE THIS FOR	RM FOR PROP RENT RESER	CES AND REPORTS POSALS TO DRILL OR T VOIR. USE "APPLICAT 101) FOR SUCH PROP	TO DEEPEN OR PLUG BACK TION FOR PERMI	7. Lease Name or State "I" Com	Unit Agreement Name
Type of Well: OIL WELL	GAS WELL	Y OTHER			
2. Name of Operator	CHEVRON US	8. Well No.	2		
	15 SMITH ROA	AD, MIDLAND, TX 7970	05	9. Pool Name or Wi	ldcat mont Yates 7R Queen
Well Location					
Unit Letter	_K:	1980 Feet From Th	ne SOUTH Line and 198	Feet From The	WEST Line
Section 16			Range 37-E	NMPM	LEA_ COUNTY
		10. Elevation (Snow wheth	354	11 DF	
11.	Check App	ropriate Box to Indi	cate Nature of Notice, R	eport, or Other Data	
NOTICE OF I				-	DEDODT OF
			<u> </u>	SUBSEQUENT	REPORT OF:
PERFORM REMEDIAL WORK	PI	LUG AND ABANDON	REMEDIAL WORK	AL	TERING CASING
TEMPORARILY ABANDON	C	HANGE PLANS	COMMENCE DRILLI	NG OPERATION 📃 💎 PLU	JG AND ABANDONMENT
PULL OR ALTER CASING	:		CASING TEST AND	CEMENT JOB	
OTHER:			OTHER:	CLEAN C	тит —
12. Describe Proposed or Co proposed work) SEE RUI	ompleted Opera LE 1103.	itions (Clearly state all p	ertinent details, and give perti	nent dates, including estir	nated date of starting any
1-30-03: MIRU. TOP 11 RO 1-31-03: TBG STUCK. WO 2 7/8". 2-03-03: TAG @ 3242 (BRII 3505. CATCH PRESSURE. 2-04-03: PU TO 3440'. STA 2-05-03: TIH W/108 JGS 2: 3524)	DDS HAD HEAV RK TBG UP TO DGE) WORK T PU TO 3470. RT CIRC. TAG 3/8" TBG. RAC	/Y SCALE DEPOSITS. D 40,000# & CAME FRE HROUGH. TAG @ 3276 @ 3483. C/O TO 3535. K & TALLY TBG. PU BR	PUMP STUCK SHUT. EE. TAG @ 3466. BTM 7 JTS 5'. TAG SOLID. C/O TO 3286	HAVE EXTERNAL SCAL 5. THEN FALL OUT. TIH 1 3/8" IPC, & 109 JTS 2 3/8	E. CHANGE OVER TO RUN TO 3347. TAG FILL. C/O TO " TBG. (SN @ 3487. EOT @
)			

(This space for State Use)

TYPE OR PRINT NAME

APPROVED CONDITIONS OF APPROVAL, IF ANY:

OR GINAL SIGNED SY GARY W. WINK TITLEOC FIELD REPRESENTATIVE IL/STAFF MANACUATE

Denise Leake

TITLE Regulatory Specialist

FEB 24 2003

915-687-7375

DATE _____2/17/2003

Telephone No.