District Office	Revised 1-1-
OL_ CONSERVATION DIVISION	ÆLL API NO.
P.O. Box 1980, Hobbs, NM 88240 P.O. Box 2088	30-025-04502
DISTRICT II  B.O. Box Down DR. Adoptio NIM 20040  Santa Fe, New Mexico 87504-2088	5. Indicate Type of Lease
P.O. Box Drawer DD, Artesia, NM 88210 Salita Fe, New Mexico 67504-2086	STATE FEE
DISTRICT III	6. State Oil / Gas Lease No.
1000 Rio Brazos Rd., Aztec, NM 87410	o. 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	7. Lease Name or Unit Agreement Name
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMI (FORM C-101) FOR SUCH PROPOSALS.	EUNICE MONUMENT SOUTH UNIT
1. Type of Well: OIL GAS	
WELL WELL OTHER INJECTION	
2. Name of Operator	8. Well No. 227
CHEVRON USA INC	
3. Address of Operator 15 SMITH ROAD, MIDLAND, TX 79705	9. Pool Name or Wildcat
4. Well Location	GRAYBURG SAN ANDRES
Unit Letter P : 3300' Feet From The SOUTH Line and 660'	Feet From The EAST Line
Section 5 Township 21-S Range 36-E NN	IPM 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:	JBSEQUENT REPORT OF:
	ALTERING CASING
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK	
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPE	ERATION PLUG AND ABANDONMENT
PULL OR ALTER CASING CASING TEST AND CEMEN	IT JOB
OTHER: REPAIR CASING LEAK   OTHER:	
CHEVRON INTENDS TO REPAIR A CASING LEAK, REACTIVATE, AND RETURN THE SUBJECT WE NOTIFY OCD/BLM 24 HRS PRIOR TO WORK COMMENCING.  1) VERIFY ANCHORS HAVE BEEN SET & TESTED. 2) MIRU PU. ND WH. NU BOP. 3) RELEASE PKR. TOH W/TBG & PKR. 4) TIH W/PKR & PLUG TO LOCATE LEAK. SET PKR @ 3650. TEST CSG FOR LEAK. IF NO LEAK IS FOUND, GO TO STEP 8. IF CASING LEAK IS FOUND 5) CEMENT SQUEEZE LEAK AS RECOMMENDATION. 6) TIH W/BIT & WS TO CLEAN OUT CMT. 7) TIH W/PKR TO 3550. TEST CSG FOR LEAK. IF NO LEAK IS FOUND, GO TO STEP 8. IF CASING IS STILL LEAKING RESQUEEZE & TA WELL. 8) TIH W/BIT TO TD @ 3900. CIRC CLN. 9) RUN PKR SYSTEM AS PER PREVIOUS INSTALLATION. CIRC CSG W/CORROSION INHIBITED F. 10) PERFORM MIT (500 PSI FOR 30 MIN) 11) ND BOP. NU WH. RD PU. 12) PLACE WELL BACK ON INJECTION.	PKR FLUID 13 14 15 16 17 18 19 20 27 27 23 24 25 25 25 25 25 25 25 25 25 25 25 25 25
I hereby certify that the information above is true and complete to the birst of my knowledge and better.  SIGNATURE ALL TITLE Regulatory Specialist  TYPE OR PRINT NAME Denise Leake	DATE <u>2/28/02</u> Telephone No. 915-687-7375
(This space for State Use)	

**APPROVED** 

BUNDITIONS OF APPROVAL, IF ANY:

CARY W. WINK

E FIFT D REPRESENTATIVE LISTAFF MANAGERDATE

MAR 0 4 2002 DeSoto/Nichols 12-93 ver 1.0