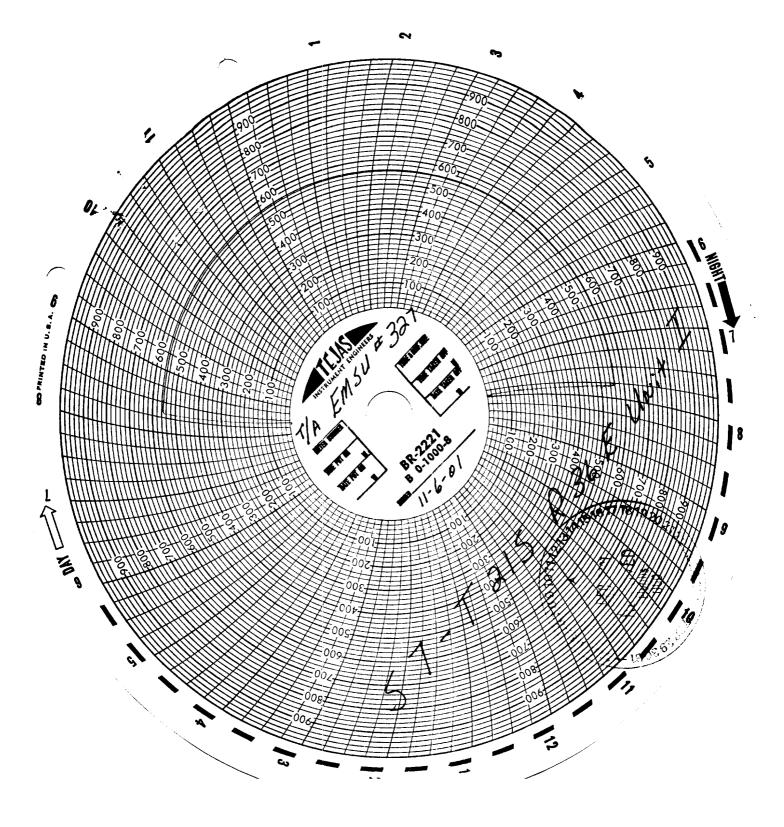
Submit 3 Copies To Appropriate District	State of No					]	Form C-103
Listrict 1	Er y, Minerals and	d Nati	ural Resources	·			March 25, 1999
1625 N. French Dr., Hobbs, NM 87240 District II				ELL AI			
811 South First, Artesia, NM 87210 OIL CONSERVATION DIVISION				30-025-04546			
District III 2040 South Pacheco				5. Indicate Type of Lease			
1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, NM 87505				STATE X FEE			
2040 South Pacheco, Santa Fe, NM 87505				6. State C	il & Gas L	ease No.	
SUNDRY NOTIC	CES AND REPORTS OF	N WF	IIS	7 [			
(DO NOT USE THIS FORM FOR PROP DIFFERENT RESERVOIR. USE "APPLI PROPOSALS.)	OSALS TO DRILL OR TO DE	EPEN -	OR PLUG BACK TO A	/. Lease I	Name or Ui	nit Agreeme	ent Name:
1. Type of Well: Oil Well <b>X</b> Gas Well	Other			EUNICE M	ONUMENT S	OUTH UNIT	
2. Name of Operator				8. Well N	0		
Chevron U.S.A. Inc.				327			
3. Address of Operator				9. Pool name or Wildcat			
P.O. Box 1150 Midland, TX 7	9702			lt .		RAYBURG-S	AN ANDRES
4. Well Location							ALL ALLEGES
Unit Letter::	1980feet from the	sot	JTH line and	660	feet from t	he <b>EA</b> S	Iine
Section 7	Township 21		Range 36E	NMPM		County	LEA
	10. Elevation (Show wh	hether	DR, RKB, RT, GR, et	c.)	,	1	a de la companya de l
11. Check A	Appropriate Box to Ind	licate	Nature of Notice	Deport or	· Othor D		des sum end sum en asserta.
NOTICE OF INTI	ENTION TO:	neate					
				SEQUEN			
PERFORM REMEDIAL WORK	PLUG AND ABANDON	Ш	REMEDIAL WORK			ALTERING	CASING [
TEMPORARILY ABANDON	CHANGE PLANS		COMMENCE DRILLI	NG OPNS.		PLUG AND ABANDONI	
PULL OR ALTER CASING	MULTIPLE COMPLETION		CASING TEST AND CEMENT JOB				VICINI
OTHER:			OTHER: TA'D				
12. Describe Proposed or Complete of starting any proposed work). or recompilation.  POH W/TBG. RAN CSG SCRAPIRAN MIT.	d Operations (Clearly state SEE RULE 1103. For Mu	ıltiple	Completions: Attach	wellbore dia	dates, inclu agram of pr	iding estim oposed con	ated date
TA'D 11/6/01						. •	
	This Approval of Abandonment Expir	Tems	oorary / /			¥.	
	Abandonment Expir	res	12/11/04	?			
hereby certify that the information above	is true and complete to the b						
and the information above	is true and complete to the be	est of n	ny knowledge and belief.				
SIGNATURE (J. K. K. K. L. K. L. K. L. K. L. K. L.	<u></u>	TITLI	REGULATORY O.A.		DA7	TE <b>12</b> /	6/01
V /	V						-
ype or print name J. K. RIPLEY					Telephone l	No. (915)	<u>687-7148</u>
This space for State use)							
APPROVED BY		Trimi				_	
Conditions of approval, if any:		TITL	.E		DATE		
					2	- <del>-</del> -, :.	1 2 July



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