Submit 3 copies to Appropriate District Office	Energy, Minerals and Natural Resources Department		Form C-103 Revised 1-1-89
DISTRICT I	O). CONSERV	ATION DIVISION	
P.O. Box 1980, Hobbs, NM	88240		WELL API NO.
P.O. Box 2088			30-025-04558
P.O. Box Drawer DD, Artesia, NM 88210 Santa Fe, New Mexico 87504-2088			5. Indicate Type of Lease STATE FEE
DISTRICT III			STATE FEE 6. State Oil / Gas Lease No.
1000 Rio Brazos Rd., Azteo	, NM 87410		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 DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMI (FORM C-101) FOR SUCH PROPOSALS.			7. Lease Name or Unit Agreement Name EUNICE MONUMENT SOUTH UNIT
Type of Well: OIL WELL	GAS		
2. Name of Operator	CHEVRON USA INC		8. Well No. 335
3. Address of Operator	15 SMITH ROAD, MIDLAND, TX 79705		9. Pool Name or Wildcat GRAYBURG SAN ANDRES
Well Location			N
Unit Letter	M : 660' Feet From The	SOUTH Line and 660'	Feet From The WEST Line
Section 8	Township 21-S	Range36-E NN	IPM LEA COUNTY
	10. Elevation (Show whether	DF, RKB, RT,GR, etc.) 3612' KB	
11.	Check Appropriate Box to Indica	ate Nature of Notice, Report,	or Other Data
NOTICE OF	INTENTION TO:	SL	JBSEQUENT REPORT OF:
PERFORM REMEDIAL WOF	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING OP	ERATION PLUG AND ABANDONMENT
PULL OR ALTER CASING		CASING TEST AND CEMEN	T JOB
OTHER:	REQUEST TA STATUS	✓ OTHER:	
12. Describe Proposed or (proposed work) SEE R	Completed Operations (Clearly state all per ULE 1103.	rtinent details, and give pertinent da	ates, including estimated date of starting any
	TEMPORARILY ABANDON THE SUBJEC S PRIOR TO WORK COMMENCING	T WELL. THE INTENDED PROCE	EDURE IS AS FOLLOWS:
2) MIRU PU. NU BOP. PU 3) TIH W/BIT, CSG SCR4 4) SET CIBP @ 3800. DU 5) TIH W/BIT, CSG SCR4 6) SET CIBP @ 3000'. DU	NPER & WS. MAKE BIT TRIP TO 3800'. JMP 2 SX CL C CMT ON CIBP. TEST CSO NPER & WS. MAKE BIT TRIP TO 3000'. UMP 3 SX CL C CMT ON CIBP. IRC CSG W/CORROSION INHIBITED PKO PSI FOR 30 MIN) PU.		15 16 17 18 19 20 27 23 24 25 18 19 20 27 23 24 25 18 18 19 20 27 23 24 25 18 18 19 20 27 23 24 25 18 18 18 18 18 18 18 18 18 18 18 18 18
I hereby certify that the information above	is true and complete to the bed of my knowledge and belief.	Regulatory Specialist	DATE 2/28/02
	01000		Telephone No. 915-687-7375
TYPE OR PRINT NAME	Denise Leake		
(This space for State Use)	<u> Origin</u>	AL SIGNED BY	MAR 0 4 2002
APPROVED	\$ 1.25 \text{\text{2}} \text{\text{2}} \text{\text{2}}	Same	FIGH U 4 ZUUZ

86 NOTIONS OF APPROVAL IF ANY: TITLE_