

DISTRICT I

P.O. Box 1980, Hobbs, NM 88240

DISTRICT II

P.O. Box Drawer DD, Artesia, NM 88210

DISTRICT III

1000 Rio Brazos Rd., Aztec, NM 87410

CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

WELL API NO.

30-025-04631

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil / Gas Lease No.

7. Lease Name or Unit Agreement Name

EUNICE MONUMENT SOUTH UNIT

8. Well No.

389

9. Pool Name or Wildcat

GRAYBURG SAN ANDRES

SUNDY 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 PERMIT (FORM C-101) FOR SUCH PROPOSALS.

1. Type of Well: OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. Name of Operator
CHEVRON USA INC

3. Address of Operator
15 SMITH ROAD, MIDLAND, TX 79705

4. Well Location
Unit Letter E : 1980' Feet From The NORTH Line and 660' Feet From The WEST Line
Section 14 Township 21-S Range 36-E NMPM LEA COUNTY

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3566' KB

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: REQUEST TA STATUS ☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPERATION ☐ 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.

CHEVRON U.S.A. INTENDS TO TEMPORARILY ABANDON THE SUBJECT WELL. THE INTENDED PROCEDURE IS AS FOLLOWS:

NOTIFY OCD/BLM 24 HRS PRIOR TO WORK COMMENCING.

- 1) VERIFY ANCHORS HAVE BEEN SET & TESTED.
- 2) MIRU PU. ND WH. NU BOP.
- 3) PULL RODS, PUMP, AND TUBING.
- 4) TIH W/3 1/8" BIT, CSG SCRAPER, & WS. MAKE BIT TRIP TO 3750'. POH.
- 5) SET CIBP @ 3725'. DUMP 3 SX CLASS C CMT ON CIBP.
- 6) TIH WWS TO TOC. CIRCULATE CSG W/CORROSION INHIBITED PKR FLUID. TOH.
- 7) PERFORM MIT (500 PSI FOR 30 MIN).
- 8) ND BOP. NU WH. RD PU.
- 9) CLEAN AND CLEAR LOCATION.

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

SIGNATURE Denise Leake TITLE Regulatory Specialist

DATE 3/21/2002

TYPE OR PRINT NAME Denise Leake

Telephone No. 915-687-7375

(This space for State Use)

APPROVED

CONDITIONS OF APPROVAL IF ANY:

ORIGINAL SIGNED BY

CARY W. WINK

TITLE OC FIELD REPRESENTATIVE II/STAFF MANAGER

DATE MAR 26 2002

DeSoto-Nichols 12-99 Ver 1.0

J
C