Form C-103 State of New Mexico Submit 3 Copies To Appropriate District Office El. gy, Minerals and Natural Resources Revised March 25, 1999 District 1 WELL API NO. 1625 N. French Dr., Hobbs, NM 87240 30-025-04637 District II OIL CONSERVATION DIVISION 811 South First, Artesia, NM 87210 5. Indicate Type of Lease 2040 South Pacheco District III FEE x STATE [1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe. NM 87505 District IV 6. State Oil & Gas Lease No. 2040 South Pacheco, Santa Fe, NM 87505 SUNDRY NOTICES AND REPORTS ON WELLS 7. Lease Name or Unit Agreement Name: (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) 1. Type of Well: EUNICE MONUMENT SOUTH UNIT Oil Well Gas Well Other 2. Name of Operator 8. Well No. 391 Chevron U.S.A. Inc. 3. Address of Operator 9. Pool name or Wildcat P.O. Box 1150 Midland, TX 79702 EUNICE MONUMENT; GRAYBURG-SAN ANDRES 4. Well Location 1980 1980 NORTH Unit Letter _ feet from the feet from the line and_ line Section Township 215 Range **NMPM** County LEA 10. Elevation (Show whether DR, RKB, RT, GR, etc.) 11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING **TEMPORARILY ABANDON CHANGE PLANS** COMMENCE DRILLING OPNS. **PLUG AND ABANDONMENT** CASING TEST AND **PULL OR ALTER CASING MULTIPLE CEMENT JOB** COMPLETION OTHER: ATTEMPED TO TA OTHER: X 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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation. POH W/TBG. RAN CSG SCRAPER TO 3650'. SET CIBP @ 3645'. CIRC PKR FLUID. RAN MIT FAILED WORK PERFORMED 11/20/01 Hobbs OCD This soproval of Tarborary Abandonment Expires I hereby certify that the information above is true and complete to the best of my knowledge and belief. **SIGNATURE** _DATE_ Telephone No. Type or print name J (This space for State use) CTISINAL SIGNED BY GARY W. WINK OC FIELD REPRESENTATIVE IL/STAFF MANAGER APPROVED BY_ Conditions of approval, if any:

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