Form C-103 State of New Mexico Submit 3 Copies To Appropriate District Emergy, Minerals and Natural Resources Office Revised March 25, 1999 District I WELL API NO. 1625 N. French Dr., Hobbs, NM 87240 30-025-04658 District II OIL CONSERVATION DIVISION 811 South First, Artesia, NM 87210 5. Indicate Type of Lease 2040 South Pacheco District III STATE X FEE \square 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 8. Well No. 2. Name of Operator 383 Chevron U.S.A. Inc. 9. Pool name or Wildcat 3. Address of Operator P.O. Box 1150 Midland, TX 79702 EUNICE MONUMENT; GRAYBURG-SAN ANDRES 4. Well Location 1980 NORTH 1980 feet from the___ feet from the line and_ line Township **NMPM** County Section 16 215 Range LEA 10. Elevation (Show whether DR, RKB, RT, GR, etc.) 11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data SUBSEQUENT REPORT OF: NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK PLUG AND ABANDON **REMEDIAL WORK ALTERING CASING** COMMENCE DRILLING OPNS. **PLUG AND CHANGE PLANS TEMPORARILY ABANDON ABANDONMENT** CASING TEST AND **PULL OR ALTER CASING** MULTIPLE COMPLETION CEMENT JOB OTHER: TA'D B 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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation. POH W/TBG. RAN CSG SCRAPER TO 3750'. SET CLEP @ 3700'. CLRC PKR FLUID. RAN MIT. TA'D 11/8/01 This Approval of Temporary Abandonment Expires I hereby certify that the information above is true and complete to the best of my knowledge and belief. TITLE REGULATORY O.A. _DATE_ 1/23/02 **SIGNATURE** Telephone No. Type or print name J. K. RIPLEY (915)687-7148 (This space for State use)

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APPROVED BY_

Conditions of approval, if any:





