

**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.

30-025-04694

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.

420

9. Pool Name or Wildcat

GRAYBURG SAN ANDRES

**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.

 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 P : 660' Feet From The SOUTH Line and 660' Feet From The EAST LineSection 17 Township 21-S Range 36-E NMPM LEA COUNTY

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

3646' 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 FOR 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. PULL RODS & PUMP.
- 3) ND WH. NU BOP.
- 4) PULL 2 7/8" TBG.
- 5) TIH W/4 3/4" BIT, CSG SCRAPER & WS. MAKE BIT TRIP TO 3720'. POH.
- 6) SET CIBP @ 3700'. DUMP 3 SX CL ASS C CMT ON CIBP.
- 7) TIH W/WS TO TOC. CIRCULATE CSG W/CORROSION INHIBITED PKR FLUID. TOH.
- 8) PERFORM MIT (500 PSI FOR 30 MIN).
- 9) ND BOP. NU WH. RD PU.
- 10) CLEAN & 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 3/4/02

TYPE OR PRINT NAME

Denise Leake

Telephone No. 915-687-7375

(This space for State Use)

APPROVED

CONDITIONS OF APPROVAL IF ANY:

TITLE

 ORIGINAL SIGNED BY  
 GARY W. WINK  
 OC FIELD REPRESENTATIVE II/STAFF MANAGER

DATE

MAR 11 2002

DeSoto/Nichols 12-93 ver 1.0

J  
C*[Signature]*