

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.

30-025-04715

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil / Gas Lease No.

7. Lease Name or Unit Agreement Name

MEREDITH GAS COM

8. Well No.

2

9. Pool Name or Wildcat

EUMONT (PRO GAS)

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 Line

Section 19 Township 21-2 Range 36-E NMPM LEA COUNTY

10. Elevation (Show whether DF, RKB, RT,GR, etc.) 3666' DF

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: ☐

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. INC. INTENDS TO TEMPORARILY ABANDON THE SUBJECT WELL. THE INTENDED PROCEDURE IS AS FOLLOWS:

MIRU & POH W/TBG. TIH W/CSG SCRAPER TO TOP PERF 3207 & POH. TIH W/CIBP TO 3157 & SET. RELEASE SETTING TOOL & PULL UP & CIRC PKR FLUID UNTIL WELL BORE CLEANS UP & TEST CSG TO 500# FOR 30 MINUTES. POH W/TBG & LD TBG & FLANGE WELL UP.

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 11/7/2002

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
OFFICIAL REPRESENTATIVE II/STAFF MANAGER

DATE

NOV 21 2002