State of New Mexico

Submit 3 copies to Appropriate District Office	Energy, Minerals and Natu	Form C-103 Revised 1-1-8			
DISTRICT I	OL CONSEDVA	TION DIVISION			
P.O. Box 1980, Hobbs, NM 88240	0	WELL API NO.			
DISTRICT II	P.O. Box	30-025-29905			
P.O. Box Drawer DD, Artesia, NM	Santa Fe, New M	5. Indicate Type of Lease STATE ▼ FEE →			
DISTRICT III			STATE ✓ FEE 6. State Oil / Gas Lease No.		
1000 Rio Brazos Rd., Aztec, NM 8	37410		o. State On / Gas Lease No.		
SUNDR					
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMI			7. Lease Name or Unit Agreement Name		
OII I EKEITI	EUNICE MONUMENT SOUTH UNIT				
Type of Well: OIL — WELL —	GAS — WELL — OTHER WATER I				
2. Name of Operator	8. Well No.				
CHEV	RON USA INC		237		
Address of Operator 15 SM	MITH ROAD, MIDLAND, TX 79705		9. Poo Name or Wildcat		
4. Well Location	EUNICE MONUMENT GRAYBURG/SA				
Unit Letter	: 2194' Feet From The	SOUTH Line and 640'	Feet From The WEST Line		
Section 3	Township 21-S	Range <u>36-E</u> NI	MPM LEA COUNTY		
	10. Elevation (Show whether DF	, RKB, RT,GR, etc.) 3563' GL			
11. Che	eck Appropriate Box to Indicate	Nature of Notice Report	t or Other Data		
NOTICE OF INTE		·			
NOTICE OF INTE			UBSEQUENT REPORT OF:		
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING		
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING OP	PERATION PLUG AND ABANDONMENT		
PULL OR ALTER CASING	- 	CASING TEST AND CEME	NT JOB		
OTHER:		OTHER:	REQUEST TA STATUS		
Describe Proposed or Comple proposed work) SEE RULE 11	ted Operations (Clearly state all pertin 03.	ent details, and give pertinent c	dates, including estimated date of starting any		
10-11-02: MIRU. REL PKR. TIH 1 10-14-02: PERFORM MIT ON CO CHART ATTACHED).	W/CIBP & SET @ 3677'. SG TO 640# FOR 30 MIN W/CHART.	NMOCD NOT PRESENT. CHA	ART GOOD. (ORIGINAL CHART & COPY OF		
WELL IS TEMPORARILY ABANG	DONED.				
	/				
	/				
		, ,			
	This Approval of Tem	porary ,,/_/			
	Abandonment Expires	145/07			
		- Committee of the Comm	· -		
	\				

Lhereby codes that the effection should in the					-
I hereby certify that the information above is tree and compare to the best of my knowledge and b			Regulatory Specialist	DATE 11/1/2002	
TYPE OR PRINT NAME	Denise Leake			Telephone No.	915-687-7375
(This space for State Use)					

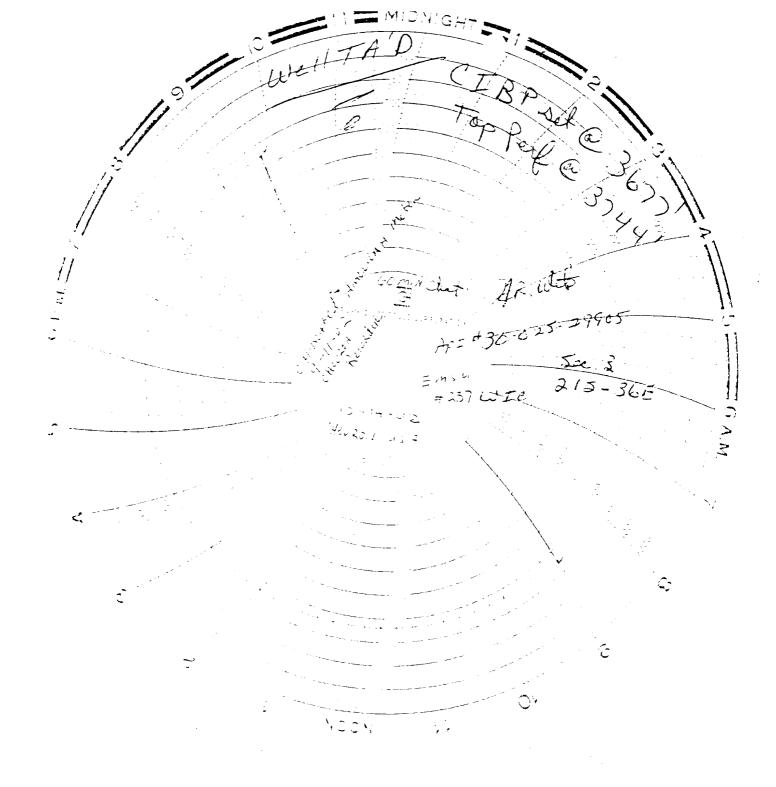
APPROVED

CONDITIONS OF APPROVAL, IF ANY:

DATE

NOV -5 2002

DeSoto/Nichois 12-93 ver 1.0



ILLEGIBLE