

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.

30-025-31465

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.

626

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 N : 2650' Feet From The SOUTH Line and 1630' Feet From The WEST Line

Section 3.4 Township 21-S Range 36-E NMPM LEA COUNTY

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3589' KB

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK

PLUG AND ABANDON

REMEDIAL WORK

ALTERING CASING

TEMPORARILY ABANDON

CHANGE PLANS

COMMENCE DRILLING OPERATION

PLUG AND ABANDONMENT

PULL OR ALTER CASING

CASING TEST AND CEMENT JOB

OTHER:

REQUEST TA STATUS

OTHER: ☒

SUBSEQUENT REPORT OF:

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 RDS & PMP.
- 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 3600'. POH.
- 6) SET CIBP @ 3600'. DUMP 5 SX CLASS 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 3/13/02

Telephone No. 915-687-7375

TYPE OR PRINT NAME

Denise Leake

(This space for State Use)

APPROVED

CONDITIONS OF APPROVAL IF ANY:

TITLE

DATE

MAR 22 2002

Department 2-93 ver 1.0