	State CNI	14	•			r -		0.2	
Submit 3 Copies To Appropriate District State of New Mexico Office Energy, Minerals and Natural Resources				Form C-103 Revised March 25, 1999					
District I	Energy, witherais and	Inatu	ral Resources	WELL AD	NO	Revised Ma	rch 25, 19	199 T	
1625 N. French Dr., Hobbs, NM 87240 District II		~ ~ ~ ~ ~		WELL API	NO. 30-025-1	25453			
811 South First, Artesia, NM 87210	OIL CONSERVA					-1			
District III	2040 Sout	5. Indicate Type of Lease STATE x FEE							
1000 Rio Brazos Rd., Aztec, NM 87410 District IV	Santa Fe, 1	NM 8	/505			FEE	·		
2040 South Pacheco, Santa Fe, NM 87505				6. State Oi	l & Gas I	Lease No.			
SUNDRY NOTIO (DO NOT USE THIS FORM FOR PROP DIFFERENT RESERVOIR. USE "APPLI PROPOSALS.)		EPEN C	OR PLUG BACK TO A	7. Lease N	ame or U	Jnit Agreement	Name:		
1. Type of Well: Oil Well X Gas Well	EUNICE MONUMENT SOUTH UNIT								
2. Name of Operator	8. Well No.								
Chevron U.S.A. Inc.	614								
3. Address of Operator	9. Pool name or Wildcat								
P.O. Box 1150 Midland, TX	EUNICE MO	NUMENT	GRAYBURG-SAN	ANDRES					
4. Well Location									
Unit Letter9:	3655feet from the	NOR	TH line and	85	feet from	the EAST	lin	ie	
Section 6	Township 21	s	Range 36E	NMPM		County	LEA		
	10. Elevation (Show wh		DR, RKB, RT, GR, etc 585'	c.)					
11. Check	Appropriate Box to Ind			Report, or	Other 1	Data			
NOTICE OF INT				SEQUEN					
	PLUG AND ABANDON		REMEDIAL WORK			ALTERING C	ASING		
	CHANGE PLANS		COMMENCE DRILLI	NG OPNS.	x	PLUG AND ABANDONM	ENT		
PULL OR ALTER CASING	MULTIPLE COMPLETION		CASING TEST AND CEMENT JOB				_, , ,		
OTHER:			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.

SPUDDED	12-1/4"	HOLE 4	/28/01.	IRILI	ED T) 502'	, set	9-5/8 *	CSG.	CMID	W/350	SX CL	"С",
CIRC TO	SURF.	DRILLED	TO 4071	', SE1	. 7 " (4048'.	. CMTD	W/1100	SX	ъ "С",	CIRC	TO
SURF.													

SIGNATURE Q.K. Riply	TITLE REGILATORY O.A.	DATE _	5/22/01
Type or print name J. K. RIPLEY		Telephone No.	(915)687-7148
(This space for State use)			3 د د
APPROVED BY	TITLE	DATE	
Conditions of approval, if any:			X