

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

OIL CONSERVATION DIVISION

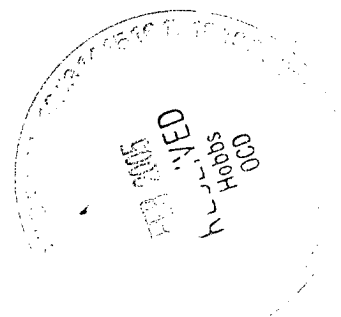
P.O. Box 2088 Santa Fe, New Mexico 87504-2088

WELL API NO. 30-025-02256
5. Indicate Type of Lease STATE [checked] FEE [ ]
6. State Oil / Gas Lease No. B-1306
7. Lease Name or Unit Agreement Name VACUUM GRAYBURG SAN ANDRES UNIT
8. Well No. 25
9. Pool Name or Wildcat VACUUM GRAYBURG SAN ANDRES
10. Elevation (Show whether DF, RKB, RT,GR, etc.) 4006' DF

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 [checked] 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 L : 1980 Feet From The SOUTH Line and 660 Feet From The WEST Line Section 1 Township 18S Range 34E NMPM LEA COUNTY
10. Elevation (Show whether DF, RKB, RT,GR, etc.) 4006' 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 [checked] ALTERING CASING [ ]
COMMENCE DRILLING OPERATION [ ] PLUG AND ABANDONMENT [ ]
CASING TEST AND CEMENT JOB [ ]
OTHER: [ ] C/O & ACIDIZE [checked]

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.
1-03-05: MIRU KEY.
1-04-05: UNHOOK SUB FROM ELEC. PUMP 110 BBLs BRINE DN CSG. TOH W/TBG & SUB PUMP. MOVE IN 2 7/8" STRING.
1-05-05: TIH W/BAILER TO 1102.
1-06-05: TIH W/BAILER & TBG. TAG @ 4660. TAG JUNK. TIH W/PKR TO 4060.
1-07-05: ACIDIZE 4089-4660 W/9000 GALS 15% HCL.
1-10-05: TIH W/BIT ON 150 JTS 2 7/8" WS. NO FILL. TIH W/60 JTS PROD TBG TO 1889'.
1-11-05: TIH W/143 JTS PROD TBG TO 4546. TEST RUN SUB PUMP OK.
1-12-05: RIG DOWN. FINAL REPORT



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 2/4/2005
TYPE OR PRINT NAME Denise Leake Telephone No. 915-687-7375

(This space for State Use)
APPROVED Lay W. Wink OC FIELD REPRESENTATIVE II/STAFF MANAGER
CONDITIONS OF APPROVAL, IF ANY: TITLE DATE
FEB 08 2005