

Submit 3 Copies To Appropriate District Office  
District I  
1625 N. French Dr., Hobbs, NM 87240  
District II  
811 South First, Artesia, NM 87210  
District III  
1000 Rio Brazos Rd., Aztec, NM 87410  
District IV  
2040 South Pacheco, Santa Fe, NM 87505

State of New Mexico  
Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION  
2040 South Pacheco  
Santa Fe, NM 87505

Form C-103  
Revised March 25, 1999

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)		WELL API NO. <b>30-025-25722</b>
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other Injection <input type="checkbox"/>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator <b>Chevron U.S.A. Inc.</b>		6. State Oil & Gas Lease No. <b>B-1565</b>
3. Address of Operator <b>15 Smith Road - Midland, Texas 79705</b>		7. Lease Name or Unit Agreement Name: <b>Central Vacuum Unit</b>
4. Well Location Unit Letter <b>C</b> : <b>1310</b> feet from the <b>North</b> line and <b>2630</b> feet from the <b>West</b> line Section <b>36</b> Township <b>17S</b> Range <b>34E</b> NMPM County <b>Lea</b>		8. Well No. <b>56</b>
10. Elevation (Show whether DR, RKB, RT, GR, etc.) <b>3999' GR</b>		9. Pool name or Wildcat <b>Vacuum Grayburg San Andres</b>

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
<b>NOTICE OF INTENTION TO:</b> PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPLETION <input type="checkbox"/> OTHER: <input type="checkbox"/>	<b>SUBSEQUENT REPORT OF:</b> REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> PLUG AND ABANDONMENT <input type="checkbox"/> CASING TEST AND CEMENT JOB <input type="checkbox"/> OTHER: <input checked="" type="checkbox"/> Check for casing leak

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.

07-29-02 MIRU; move in frac tanks; test csg to 750 psi, lost 150 psi in 1 hr.; ND well head & NU BOP.  
07-30-02 Rel pkr @ 4231'. TIH w/2-3/8" work string. Latched pkr @ 3411. TIH w/RBP, pkr, SN, tbg & sub. Set RBP @ 4231' and displaced hole w/65 bbls 10# brine.  
07-31-02 Test RBP, set @ 4230' (leaking). Rel RBP and reset uphole @ 4220'. Set pkr @ 4190'; charted 20# lost down to 550 psi in 30 min (tested good). Rel RBP @ 4220' and TOH w/tbg, pkr & RBP. TIH w/2-3/8" tbg to 4204'.  
08-01-02 Circ 40 bbls 10# brine wtr. RIH w/lockset pkr, 2-3/8" tbg and subs. Pumped and circ 70 bbls 10# brine pkr fluid.  
08-02-02 ND BOP and NU 3000 psi tree.  
08-05-02 Pressure csg to 620 psi, lost 30 psi in 30 min test (good). Hook up to flow line. Test flow line hook up, no leaks. Rig down. FINAL REPORT.

Original Chart w/copy attached.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Laura Skinner TITLE Regulatory Specialist DATE 08-15-02

Type or print name Laura Skinner Telephone No. 915-687-7355

(This space for State use)  
APPROVED BY: \_\_\_\_\_ TITLE \_\_\_\_\_ DATE AUG 19 2002

Conditions of approval, if any: \_\_\_\_\_