Submit 3 Copies To Appropriate District State of New Mexico Form C-103 Office Energy, Minerals and Natural Resources Revised March 25, 1999 District I WELL API NO. 1625 N. French Dr., Hobbs, NM 87240 30-025-26790 District II OIL CONSERVATION DIVISION 811 South First, Artesia, NM 87210 5. Indicate Type of Lease 2040 South Pacheco District III STATE 😠 FEE 1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe. NM 87505 District IV 6. State Oil & Gas Lease No. 2040 South Pacheco, Santa Fe, NM 87505 857943 SUNDRY NOTICES AND REPORTS ON WELLS 7. Lease Name or Unit Agreement Name: (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.) Central Vacuum Unit 1. Type of Well: Oil Well Gas Well Other Injection 8. Well No. 2. Name of Operator 146 Chevron U.S.A. Inc. 3. Address of Operator 9. Pool name or Wildcat 15 Smith Road - Midland, Texas 79705 Vacuum Grayburg San Andres 4. Well Location 1335 2465 feet from the North line and feet from the Unit Letter line **NMPM** Township 17S Range 35E County Section 31 Lea 10. Elevation (Show whether DR, RKB, RT, GR, etc.) 3975' GR 11. Check Appropriate Box to Indicate, Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PLUG AND ABANDON REMEDIAL WORK \mathbf{x} ALTERING CASING PERFORM REMEDIAL WORK CHANGE PLANS COMMENCE DRILLING OPNS. PLUG AND **TEMPORARILY ABANDON ABANDONMENT** CASING TEST AND **MULTIPLE** PULL OR ALTER CASING **CEMENT JOB** COMPLETION \mathbf{x} OTHER: OTHER: Put well on CO2 injection 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. Began CO2 injection. October volume: 3210 MCFPD @ 1636 psi 10-03-03 I hereby certify that the information above is true and complete to the best of my knowledge and belief. TITLE Regulatory Specialist SIGNATURE_ DATE -Type or print name Laura Skinner Telephone No. (This space for State use) TITLE APPROVED BY

Conditions of approval, if any