State of New Mexico Submit 3 copies Form C-103 to Appropriate District Office Energy, Minerals and Natural Resources Department Revised 1-1-89 DISTRICT I OIL CONSERVATION DIVISION WELL API NO. P.O. Box 1980, Hobbs, NM 88240 P.O. Box 2088 30-025-30206 DISTRICT II Santa Fe, New Mexico 87504-2088 5. Indicate Type of Lease P.O. Box Drawer DD, Artesia, NM 88210 STATE 🗸 FEE [DISTRICT III State Oil / Gas Lease No. 1000 Rio Brazos Rd., Aztec, NM 87410 SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO Lease Name or Unit Agreement Name DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMI (FORM C-101) FOR SUCH PROPOSALS. VACUUM GLORIETA WEST UNIT OIL GAS 1. Type of Well: **V** WELL WELL **OTHER** 2. Name of Operator 8. Well No. 88 CHEVRON USA INC 9. Pool Name or Wildcat 3. Address of Operator 15 SMITH RD, MIDLAND, TX 79705 VACUUM GLORIETA 4. Well Location Feet From The SOUTH Line and 2309 Feet From The EAST 1653 Unit Letter Line Section 36 17S Range 34E NMPM LEA COUNTY Township... 10. Elevation (Show whether DF, RKB, RT,GR, etc.) 39941 Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PLUG AND ABANDON PERFORM REMEDIAL WORK REMEDIAL WORK ALTERING CASING CHANGE PLANS COMMENCE DRILLING OPERATION PLUG AND ABANDONMENT **TEMPORARILY ABANDON** PULL OR ALTER CASING CASING TEST AND CEMENT JOB V AMENDED REPORT 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. THIS REPORT IS TO CORRECT AN ERROR THAT WAS TURNED IN ON 8-15-01. A CHART AND REPORT STATING THAT THIS WELL WAS TEMPORARILY ABANDONED WAS TURNED IN ON 8-15-01. THE CHART WAS MISREAD AND THIS WORK SHOULD HAVE GONE TO VACUUM GLORIETA WEST UNIT #28. PLEASE SEE ATTACHED REPORT AND CHART. (#28 WAS MISREAD FOR #88) PLEASE REMOVE THE TA STATUS ON THE SUBJECT WELL. I hereby certify that th

Denise Pinkerton TYPE OR PRINT NAME APPROVED . CONDITIONS OF APPROVAL, IF ANY:

SIGNATURE

OC FIELD REPRESENTATIVE II/STAFF MANAGEME

Regulatory Specialist

MAR 0 3 2005

DATE

Telephone No.

2/21/2005

432-687-7375