## State of New Mexico Energy Minerals and Natural Resources

Form C-103

viced May 08 2003

| District I   |   | Ellergy, Millerais and                      | i i aiu. | iai icounico                          |                              | Revised May 08, 2003                         |
|--|---|---|----------|---------------------------------------|------------------------------|--|
| <u>District I</u><br>1625 N. French Dr.  | ., Hobbs, NM 87240  |   |          |                                       | WELL API NO.                 |  |
| District II  | OIL CONSERVATION DIVISION   |   |          | 30-025-26790                          |                              |  |
| District III   | 1220 South St. Francis Dr.  |   |          |                                       | 5. Indicate Type of          | l l  |
| 1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, NM 87505<br>District IV   |   |   |          | 7505                                  | STATE X                      |  |
|  | Dr., Santa Fe, NM 87505   |   |          |                                       | 6. State Oil & Gas<br>857943 |  |
| SUNDRY NOTICES AND REPORTS ON WELLS  (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A |   |   |          |                                       |                              | Unit Agreement Name:                         |
| 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 Number               |  |
| 2. Name of Operator  |   |   |          |                                       | 9. OGRID Number              |  |
| Chevron U.S.A. Inc.  |   |   |          |                                       | 1. O CIUD I unioci           |  |
| 3. Address of Operator   |   |   |          |                                       | 10. Pool name or Wildcat     |  |
| 15 Smith Road - Midland, Texas 79705 4. Well Location  |   |   |          |                                       | Vacuum Grayburg San Andres   |  |
| 4. Well Location   | n   |   |          |                                       |                              |  |
| Unit Lette   | r <u>G</u> :  | 2465 feet from the                          | No       | rth line and                          | feet from                    | n the <u>East</u> line                       |
| Section  | 31  |   |          | Range 35E                             | NMPM                         | County Lea                                   |
|  |   | 11. Elevation (Show wi                      | 39       | 75' GER                               |                              | _  |
|  |   | Appropriate Box to In                       | dicate   | *                                     | • .                          |  |
|  |   |   |          |                                       | SEQUENT REF                  |  |
|  | EDIAL WORK  | PLUG AND ABANDON                            |          | REMEDIAL WORK                         | <b>x</b>                     | ALTERING CASING                              |
| TEMPORARILY  | -   | CHANGE PLANS                                |          | COMMENCE DRILLI                       | NG OPNS.                     | PLUG AND ABANDONMENT                         |
| PULL OR ALTER  | R CASING L  | MULTIPLE<br>COMPLETION                      |          | CASING TEST AND CEMENT JOB            | <u> </u>                     | <b></b>                                      |
| OTHER:   |   |   |          | OTHER: Tubing/Pa                      | icker Leak တ                 | Z S S S S S S S S S S S S S S S S S S S      |
|  |   | ed operations. (Clearly st                  |          |                                       |                              |  |
| of starting  | any proposed work).   | SEE RULE 1103. For M                        |          |                                       |                              |  |
| or recomple  | etion.  |   |          |                                       | 65                           |  |
| 03-10-04   |   | bbls 10# brine. TIH<br>Pull 1.43" plug. RD  |          |                                       |                              |  |
| 03-11-04   |   | 500 psi on csg & th                         |          |                                       |                              |  |
|  | <del>-</del>  | 500 psi csg & 850 p                         | -        |                                       |                              |  |
|  | Did not have pkr. TIH w/on-off tool & PU 127 jts 2-3/8" duoline tbg to 3974'. Latched on to |   |          |                                       |                              |  |
|  |   | pkr. TOH w/tbg & pkr                        |          | <del>-</del>                          | 135 jts 2-3/8" d             | uoline tbg.                                  |
| 03_13_04   | _   | d jt. Leave pkr hang<br>e. 0 psi tbg & csg. |          |                                       | ne nkr fluid e               | et nkr @ 4227 Q41                            |
| 03-13-04   |   | e. O psi day a dsg.<br>25 psi for 30 min. ] |          |                                       |                              |  |
| •  | Retest to 525 p   | si. Same increase to                        | 725      | psi. Bled down.                       | -                            |  |
| 03-14-04   | <del>_</del>  | e. 0 psi tbg & csg.                         |          | _                                     |                              |  |
|  | _   | est csg for 30 min @ ine. Start wtr inj.    | _        | <del>-</del>                          |                              |  |
| T handa  |   |   |          |                                       |                              |  |
| I nereby certify tha   | A 41 - 1 - C 41 1   | takana andra di taka di di                  | Land C   | ` 1                                   | c                            |  |
|  |   | e is true and complete to the               | best of  | my knowledge and belie                | f.                           |  |
| signature_   | t the information above  August   |   |          | my knowledge and belie  LE Regulatory |                              | DATE <u>03-23-04</u>                         |
| SIGNATURE  |   | kinner                                      |          | -                                     | Specialist                   | DATE <u>03-23-04</u><br>one No. 432-687-7355 |
| SIGNATURE  | Jame Laura Skinner  | kinner                                      | TIT      | LE Regulatory                         | Specialist Teleph            | one No. 432-687-7355                         |
|  | Taura Skinner State use)  | kinner                                      | TIT      | -                                     | Specialist Teleph            | one No. 432-687-7355                         |

