

OIL CONSERVATION DIVISION

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

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

WELL API NO.

3002531884

5. Indicate Type of Lease

STATE ☐

FEE ☐

6. State Oil / Gas Lease No.

B-155-6

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.

7. Lease Name or Unit Agreement Name

VACUUM GLORIETA WEST UNIT

1. Type of Well: OIL WELL ☐ GAS WELL ☐ OTHER WATER INJECTION

2. Name of Operator

CHEVRON USA INC

8. Well No.

107

3. Address of Operator

15 SMITH ROAD, MIDLAND, TX 79705

9. Pool Name or Wildcat

VACUUM GLORIETA

4. Well Location

Unit Letter P : 183 Feet From The SOUT Line and 931 Feet From The EAST Line

Section 36 Township 17-SO Range 34-EA NMPM LEA COUNTY

10. Elevation (Show whether DF, RKB, RT,GR, etc.)

GR-3998', KB-4012'

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 ☐

ALTERING CASING ☐

COMMENCE DRILLING OPERATION ☐

PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

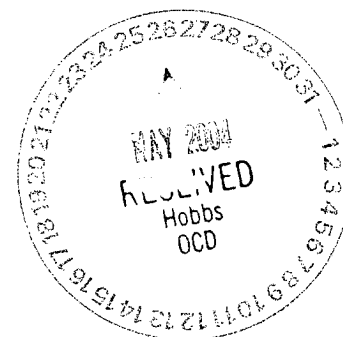
OTHER: PLACE WELL BACK ON INJECTION ☒

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.

THE SUBJECT WELL WAS AN INJECTION FAILURE. CHART WAS RUN TO PLACE WELL BACK ON INJECTION.

5-06-04: TEST CSG TO 540# FOR 30 MINS. CHART & TEST FOR NMOCD. PERFS: 6006-6212'. PKR SET 5929'. PBTD @ 6305'.
(ORIGINAL CHART & COPY OF CHART ATTACHED).

BACK ON INJECTION.



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 5/25/2004

TYPE OR PRINT NAME

Denise Leake

Telephone No. 915-687-7375

(This space for State Use)

APPROVED

Harry W. Wink

OC FIELD REPRESENTATIVE II/STAFF MANAGER

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE JUN 02 2004

DeSoto/Nichols 12-93 ver 1.0

TEXACO V6WU #107
5-6-2004
TK 806
POOL 107
GERARDO

DATE
WELL NAME
SUPERVISOR
PACKER TYPE
PACKER SET
PERFORATION

5-6-04
NAME *Norman Charles West*
VISOR *George Gerardo*
TYPE *5 1/2" Hookup Log Set*
SETTING DEPTH *5729'*
IONS *6006' 6213'*

GRAPHIC CONTROLS CORPORATION
BUFFALO, NEW YORK
CHART NO. MC MP-1000
METER
CHART PUT ON
LOCATION
REMARKS
TAKEN OFF