## State of New Mexico

Submit 3 copies to Appropriate District Office	Energy, Minerals and Natural Resources Department			Form C-103 Revised 1-1-89	
<u>DISTRICT I</u>	OIL CONSERVATI	ON DIVISION	WELL ABINO		
P.O. Box 1980, Hobbs, NM 88240			WELL API NO. 30-025-36500		
DISTRICT II	P.O. Box 2088				
P.O. Box Drawer DD, Artesia, NM 88210 Santa Fe, New Mexico 87504-2088			5. Indicate Type of Lease STATE	FEE [	
DISTRICT III			6. State Oil / Gas Lease No.		
1000 Rio Brazos Rd., Aztec, NM 87410			U. State Oil / Gas Lease No.		
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 Vacuum Grayburg San Andres		
1. Type of Well: OIL GAS WELL WE					
Name of Operator     CHEVRON	USA INC	INC			
	ROAD, MIDLAND, TX 79705	MIDLAND, TX 79705		Pool Name or Wildcat     Vacuum Grayburg San Andres	
4. Well Location					
Unit Letter <u>M</u> :	653 Feet From The Sou	uth Line and 20	Feet From The <u>West</u>	_Line	
Section 1	_ Township18S	Range 34E NI	MPM Lea	COUNTY	
	10. Elevation (Show whether DF, RKE	3, RT,GR, etc.) 3997'			
11. Check A	appropriate Box to Indicate Na	ature of Notice, Report	t, or Other Data		
NOTICE OF INTENTION TO:		UBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASIN	G 🗌	
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING OP	PERATION PLUG AND ABANI	DONMENT	
PULL OR ALTER CASING		CASING TEST AND CEME	NT JOB		
OTHER:		OTHER: ADI	D'L INFO ON HORIZONTAL COMPLE	TION	
<ol> <li>Describe Proposed or Completed O proposed work) SEE RULE 1103.</li> </ol>	perations (Clearly state all pertinent	details, and give pertinent o	dates, including estimated date of	starting any	
5-28-04: MIRU KEY. TIH W/60 JTS 2 : 6-01-04: LD TBG. 6-07-04: MIRU KEY. MIRU WS. 6-08-04: MIRU REVERSE UNIT. HOO 6-09-04: LOWER BIT TO TAG CIBP © SN, TBG, & TAC TO 2400'. 6-10-04: PU GAS ANCHOR, PMP & R	K WHIPSTOCK @ 4286. PULL FRE ) 4295. DRILL OUT PLUG & PUSH	DOWN TO 4636. (PBTD) N	2 5000	WIPERF SUB,	

I hereby certify that the infognation above is to	ue and complete to the best of my knowledge	and belief.	
SIGNATURE	e Yake	TITLE Regulatory Specialist	DATE6/15/2004
TYPE OR PRINT NAME	Denise Leake		Telephone No. 915-687-7375
THE SIGNATION.	2530 20010		

TITLEOC FIELD REPRESENTATIVE II/STAFF MANAGER DATE

JUN 2 2 2 2004

DeSoto/Nichols 12-93 ver 13004