

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

WELL API NO.

30-025-32803

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil / Gas Lease No.

B-1113-1

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.

1. Type of Well: OIL WELL ☒ GAS WELL ☐ OTHER

2. Name of Operator
CHEVRON USA INC

3. Address of Operator
15 SMITH ROAD, MIDLAND, TX 79705

4. Well Location

Unit Letter C : 649 Feet From The NORTH Line and 2535 Feet From The WEST Line

Section 6 Township 18-S Range 35-E NMPM LEA COUNTY

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3968' GR

7. Lease Name or Unit Agreement Name
CENTRAL VACUUM UNIT

8. Well No.
196

9. Pool Name or Wildcat
VACUUM GRAYBURG SAN ANDRES

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: REPLACE TBG WELL HEAD ☒

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.

6-15-04: MIRU KEY.

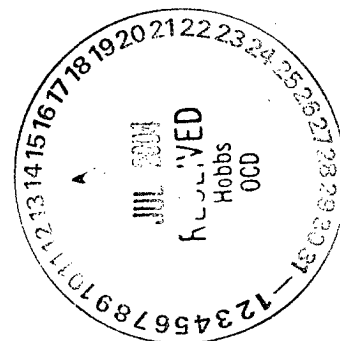
6-16-04: SWAB TBG. TIH W/RBP TO 2016. SET RBP. DISPL HOLE W/40 BBLS 10# BRINE WATER.

6-17-04: REMOVE OLD TBG WELL HEAD. TIH W/RETR HEAD & 2 7/8" TBG TO LATCH ON TO RBP. TIH W/PERF SUB, SN, 2 7/8" PROD TBG, & TAC. SET TAC W/14 POINTS.

6-18-04: TIH W/RODS & PUMP. TEST FLOW LINE TO 150#. RIG DOWN. CLEAN LOCATION.

6-21-04: PULL RODS & PUMP.

FINAL REPORT



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 7/13/2004

TYPE OR PRINT NAME Denise Leake

Telephone No. 915-687-7375

(This space for State Use)

APPROVED Gary W. White TITLE
CONDITIONS OF APPROVAL, IF ANY:

OC FIELD REPRESENTATIVE II/STAFF MANAGER

DATE

JUL 16 2004
DeSoto/Nichols 12-93 ver 1.0