

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.	30-025-08535
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil / Gas Lease No.	NM-631
7. Lease Name or Unit Agreement Name	CENTRAL VACUUM UNIT
8. Well No.	88
9. Pool Name or Wildcat	VACUUM GRAYBURG SAN ANDRES
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	4002' DF

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 PERMIT
(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 M : 660 Feet From The SOUTH Line and 660 Feet From The WEST Line
Section 31 Township 17S Range 35E NMPM LEA COUNTY

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 PROD TBG, TAG FOR FILL, C/O ☒

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.

6-01-04: MIRU KEY.

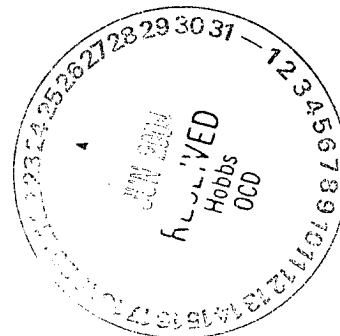
6-02-04: MOVE IN FRAC TANK. RU FLOWLINE. TIH W/BIT TO 4217.

6-03-04: TIH TO 2521.

6-04-04: TAG FILL @ 4656. ROTATE & DRILL 8' BRIDGE. FELL THRU & TAG @ 4790. C/O 10' TO 4800' PBTD. BTM OF TBG @ 1563'.

6-05-04: TIH W/MOTOR, GAS SEPR, PMP, TBG SUB, 2 3/8" PROD TBG (NEW) 4604'. BTM OF MOTOR @ 4664. INSTAL QCI HANGER & SET IN WH. UNIT RUNNING @ 4:00 PM. RIG DOWN.

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 6/22/2004

TYPE OR PRINT NAME Denise Leake

Telephone No. 915-687-7375

(This space for State Use)

APPROVED Gay W. Wink
CONDITIONS OF APPROVAL, IF ANY:

TITLE

OC FIELD REPRESENTATIVE II/STAFF MANAGER

DATE

JUN 28 2004