Submit 3 copies

State of New Mexico

Form C-103

to Appropriate District Office	Energy, Minerals and N	iaturai Re	sources Department	Revise	d 1-1-89
<u>DISTRICT I</u>	OIL CONSERVATION DIVISION			WELL API NO.	
P.O. Box 1980, Hobbs, NM 88240	1980, Hobbs, NM 88240			30-025-24308	
DISTRICT II	Santa Fe, New Mexico 97504 2099			5. Indicate Type of Lease	
F.O. BOX Diawel DD, Aitesia, NW 60210			· · · · · · · · · · · · · · · · · · ·	FEE 🗌	
DISTRICT III				6. State Oil / Gas Lease No.	
1000 Rio Brazos Rd., Aztec, NM 87410	TOTE AND DEPODITE O	N. 1 NA/ELL		B-1189-1	Se de Contra
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO			7. Lease Name or Unit Agreement Name		
DIFFERENT RESER	RVOIR. USE "APPLICATIO C-101) FOR SUCH PROPOS	ON FOR P	ERMI	VACUUM GRAYBURG SAN ANDRES U	NIT
1. Type of Well: OIL GAS	-101) FOR SUCH PROPUS	SALS.		WIGGOM GIVE BOILD DAIL ANDIED O	1411
WELL WELL	OTHER WATE	R INJECT	TON		
Name of Operator CHEVRON U	SA INC			8. Well No. 16	
Address of Operator 15 SMITH RO	DAD, MIDLAND, TX 79705			9. Pool Name or Wildcat	
4. Well Location			Aug.	VACUUM GRAYBURG SAN ANDRES	}
Unit Letter I:	1400 Feet From The	SOUTH	H_Line and 1300	_Feet From The <u>EAST</u> Line	
Section 2				IPMLEA_COUNTY	
All the manners of the state of	10. Elevation (Show whether		4013 DF		
11. Check Ap	propriate Box to Indica	ate Natu	ire of Notice, Report,	or Other Data	
NOTICE OF INTENTIO	N TO:		SU	JBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK	PLUG AND ABANDON		REMEDIAL WORK	✓ ALTERING CASING	П
TEMPORARILY ABANDON	CHANGE PLANS		COMMENCE DRILLING OPE	<u> </u>	П
PULL OR ALTER CASING			CASING TEST AND CEMEN	IT JOB 🗍	_
OTHER:			OTHER:	C/O, PERF, ACIDIZE	✓
proposed work) SEE RULE 1103. 6-07-04: MIRU. MI FRAC TANKS.REL F 6-08-04: TIH W/BIT & TAG FILL @ 4380 6-09-04: DRILLED 63' TO 4668. BIT PLU 6-10-04: ACIDIZE GRAYBURG PERFS 6-11-04: TAG @ 4668'. 6-14-04: TIH W/PKR & SET @ 4345. 6-15-04: CHART & TEST CSG TO 555# FINAL REPORT). C/O FILL TO 4605. JGGED OFF. PERF 4420-4 4420-4668 W/10,000 GALS	4600. 5 RU 3 15% HCI	L IN 4 STAGES. REL PKI	. 15262728293037	1345.
SIGNATURE X LILLSE	o the best of my knowledge and belief. FITLE_ nise Leake	Regula	atory Specialist	DATE <u>6/21/2004</u> Telephone No. 915-687-	 -7375
THE OR PRINT NAME/	IIISE LEAKE				

