

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.	30-025-31204
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil / Gas Lease No.	NM-878
7. Lease Name or Unit Agreement Name	CENTRAL VACUUM UNIT
8. Well No.	345
9. Pool Name or Wildcat	VACUUM GRAYBURG SAN ANDRES
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3986' GR	

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 PERMITS  
(FORM C-101) FOR SUCH PROPOSALS.

1. Type of Well:	OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER CO2 & WTR INJECTION
2. Name of Operator	CHEVRON USA INC
3. Address of Operator	15 SMITH ROAD, MIDLAND, TX 79705
4. Well Location	Unit Letter <u>N</u> : <u>1310</u> Feet From The <u>SOUTH</u> Line and <u>1850</u> Feet From The <u>WEST</u> Line Section <u>31</u> Township <u>17S</u> Range <u>35E</u> NMPM <u>LEA</u> COUNTY
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3986' GR	

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: ☒ TEST CSG & RETURN TO INJ

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.

6-11-04

TEST 7" CSG TO 540# FOR 30 MIN-OK. PKR SET @ 4231'

ORIGINAL CHART & COPY OF CHART ATTACHED.

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 7/19/2004

TYPE OR PRINT NAME Denise Leake

Telephone No. 915-687-7378

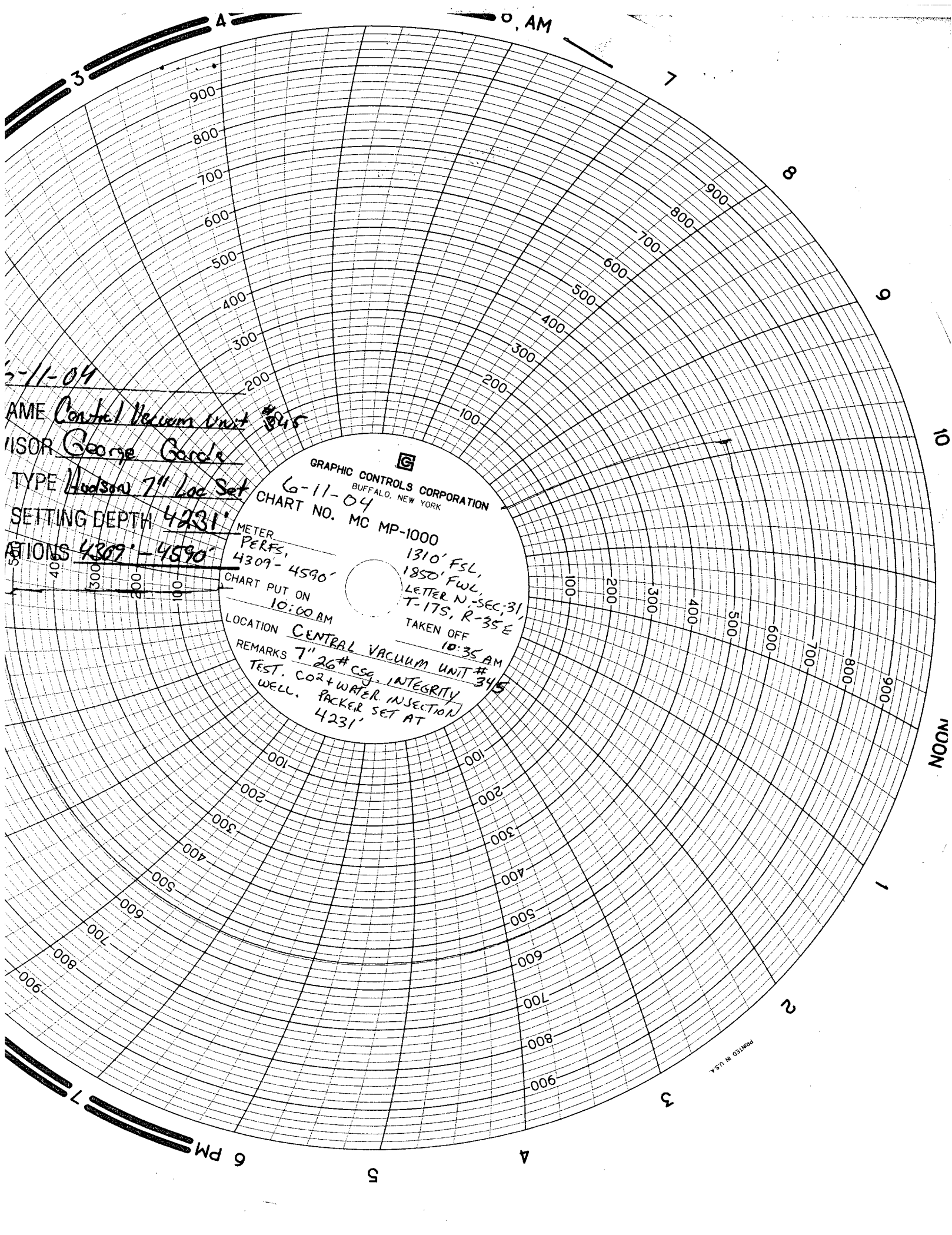
(This space for State Use)

APPROVED Harry W. Wink TITLE OC FIELD REPRESENTATIVE / STAFF MANAGER

DATE

DeSoto/Nichols 12-93 Ver 1.0

JUL 22 2004



6-11-04

AME Central Vacuum Unit #345

ISOR George Gorda

TYPE Hudson 7" Loc Set

SETTING DEPTH 4231'

ATIONS 4307' - 4590'

GRAPHIC CONTROLS CORPORATION  
BUFFALO, NEW YORK  
CHART NO. MC MP-1000  
METER PERFS.  
4307' - 4590'  
CHART PUT ON  
10:00 AM  
LOCATION CENTRAL VACUUM UNIT #345  
REMARKS 7" 26# CSG. INTEGRITY  
TEST. CO2 + WATER INJECTION  
WELL. PACKER SET AT  
4231'

1310' FSL,  
1850' FWL,  
LETTER N, -SEC. 31,  
T-17S, R-35E  
TAKEN OFF  
10:35 AM

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