

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.

3002531859

5. Indicate Type of Lease

STATE ☐

FEE ☐

6. State Oil / Gas Lease No.

B-1733-2

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.

7. Lease Name or Unit Agreement Name

VACUUM GLORIETA WEST UNIT

1. Type of Well:

OIL
WELL ☐

GAS
WELL ☐

OTHER WATER INJECTION

2. Name of Operator

CHEVRON USA INC

8. Well No.

120

3. Address of Operator

15 SMITH ROAD, MIDLAND, TX 79705

9. Pool Name or Wildcat

VACUUM GLORIETA

4. Well Location

Unit Letter B : 1120 Feet From The NORT Line and 1575 Feet From The EAST Line

Section 1 Township 18-SO Range 34-EA NMPM LEA COUNTY

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

GR-3988', KB-4002'

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: INTENT TO TEMPORARILY ABANDON ☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐

ALTERING CASING ☐

COMMENCE DRILLING OPERATION ☐

PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: ☐

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.

CHEVRON U.S.A. INC. INTENDS TO TEMPORARILY ABANDON THE SUBJECT WELL DUE TO BEING UNECONOMICAL AT THIS TIME.

A CIBP WILL BE SET 100' ABOVE THE PERFS, AND A CHART WILL BE RUN TO TEST CSG TO 500# FOR 30 MINUTES.

WHERE IS TOP PERF? IS IT STILL @
6083'?

TA THE COMMISSION MUST BE NOTIFIED 24
HOURS PRIOR TO THE BEGINNING OF
PLUGGING OPERATIONS FOR THE C-103
TO BE APPROVED.

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 7/23/2004

TYPE OR PRINT NAME

Denise Leake

Telephone No. 915-687-7375

(This space for State Use)

APPROVED

Hayden Wink

CONDITIONS OF APPROVAL, IF ANY:

TITLE

OC FIELD REPRESENTATIVE II/STAFF MANAGER

DATE

JUL 27 2004

DeSoto/Nichols 12-93 ver 1.0

